

AMERICAN JOURNAL OF INSANITY.

VOL. XI.

UTICA, JANUARY, 1855.

NO. 3.

ARTICLE I.

RECENT IMPROVEMENTS IN THE CONSTRUCTION AND
MANAGEMENT OF ASYLUMS FOR THE INSANE IN
ENGLAND, WITH A NOTICE OF SOME OF THE NEW
INSTITUTIONS. BY GEORGE COOK, M.D.

More than eight years have elapsed since an article appeared in the pages of this Journal, from the pen of an eminent American physician,* recording his observations on the principal asylums for the insane in England. During that interval many new institutions have been erected. Dr. Conolly states, in his work on the construction and government of lunatic asylums, published in 1847, that of seventeen thousand insane poor in England and Wales, only about four thousand five hundred were provided for in county asylums. The Commissioners in Lunacy reported, in 1853, that "when the asylums in progress are completed, the total number of patients for whom accommodation will have been provided in county and borough asylums will be thirteen thousand nine hundred and twenty-nine," thus showing that in six years provision had been made, in the erection of new asylums, for about nine thousand insane poor, many of whom were previously kept in licensed houses, or in the work-houses of their respective counties.

The necessity for a greater number of county asylums had long existed, and the careful attention of some of the most distinguished English philanthropists had been directed to the subject of their construction and government. The progress of medico-psychology in England demanded corresponding improvements in all new institutions for the treatment of

* "Observations on the principal Hospitals for the Insane in Great Britain and Germany," by I. Ray, M.D.—*Journal of Insanity*, vol. ii, page 239.

mental diseases—improvements that would place in the hands of the physician all the resources developed by modern science for the cure of disordered mind, and surround the large class of incurable insane with the care and comforts dictated by an enlightened humanity. Accordingly we find the new asylums constructed on a scale of unparalleled liberality, even when contrasted with the really good institutions built ten or fifteen years ago.

In giving the result of some observations during a recent visit to the British asylums, I shall endeavor, as far as possible, to avoid a repetition of what has been recorded by former observers, and to notice, briefly, only such changes in their construction and management as have been made within the last six or seven years. Justly proud, as we are, of our own achievements in this department of science and humanity, it still becomes us to remember that our kinsmen on the other side of the Atlantic are at work in the same broad field of labor, with superior resources of wealth and power at their command, and actuated by an equal zeal in their philanthropic efforts. Possessing such advantages, it should not be thought discreditable to us that, in some respects, their institutions for the insane are better than ours.

In the selection of sites for the recently erected asylums, much greater care has been taken to secure a location possessing the advantages of elevation, pleasant views, and proximity to a town or railway, than in those of older date. I have seldom beheld a scene of more quiet, rural beauty than is spread out before the gaze of the beholder as he looks from the galleries of the new Derbyshire Asylum; and the views from the Essex, and the asylum near Stafford, for the insane of the middle classes, are almost equally beautiful. A few of the older institutions are very pleasantly located, but the selection of sites for them was governed rather by accidental circumstances, or the good taste of the building commissioners, than the probable influence which the surrounding scenery would exert upon the inmates.

A decided improvement has been made in the arrangement of the airing courts, by sinking the enclosing wall so that its top is nearly or quite on a level with the surface of the ground in the yards. Commencing about twenty feet from the wall, the earth slopes gently down to the bottom; upon the outside the formation of the ground is such as to allow a full elevation of the wall, say ten or twelve feet. This arrangement removes one of the strongest objections to airing-courts; it divests them entirely of their ordinary prison-like aspect, and, instead of high walls, affording only a glimpse of the sky overhead, a fair prospect is spread out to the view, giving food to the wandering fancy.

and drawing away the thoughts from self and immediate surrounding objects. But airing-courts, except for refractory and demented patients, are less necessary for American asylums. In England, where the magistrates often object to patients being allowed to leave the asylum grounds, even in company with responsible attendants, they are indispensable. They also allow of the patients being more in the open air than they could be without them. At the Staffordshire asylum, under the charge of Dr. Wilkes, no male patient was found in the galleries at the time of my visit; with the exception of a few paralytics, all were out at work, or in the airing-courts—a pleasing contrast to St. Luke's Hospital, situated in a populous district of London, where the patients were sitting or lying listlessly about the wards, with no occupation and no exercise in the open air except such as they could get in a little court-yard in the rear of the building. Yet the latter is one of the so-called curative institutions of the metropolis, and receives only recent cases, and enjoys extraordinary privileges, while the new asylum at Colney Hatch, much better adapted for a curative hospital, is filled to overflowing with incurables.

In the architectural construction of the asylums erected within the last five years, the principle which Dr. Bell announced as established eight years ago* has been carried out in the most liberal manner. The desire to provide for the insane poor by an outlay of as few dollars and cents as would just suffice to supply their animal necessities, gradually gave way to a more humane and enlightened policy after the parliamentary inquiry of 1814, but its influence was not exerted to a very great degree upon the construction of asylums until about the year 1830. Since that date great efforts have been made by those engaged in the work of ameliorating the condition of the insane, to establish the fact, that considerations of economy alone, throwing aside all claims of humanity, dictated a liberal expenditure in the erection of buildings and their subsequent management. The influence of this progressive spirit may be traced in all the establishments that have been opened since that period. The progress made up to the year 1846 has been fully and ably described by former observers. The changes and improvements introduced since that period, and more especially those adopted in some of the asylums just completed, or in progress of erection, will be briefly noticed. Such details in their internal arrangements as are copied from the older institutions will be passed over, and mention made of those only in which efforts have been made towards advancement.

* "Modern Improvements in the Construction, Ventilation and Warming of Building for the Insane.—" *Journal of Insanity*, vol. ii, page 17.

As regards the general plan of construction of the new asylums, no greater uniformity prevails than in those of older date. Dr. Conolly thus explains the cause and suggests the remedy: "As it is scarcely possible to construct a building, intended for the residence of several hundreds of human beings, without finding that some inconveniences are inherent in the design, a new plan is at present generally adopted whenever a new asylum is to be erected, and generally some new inconveniences are incurred. In building and in governing asylums it is just the same, and partly from the same cause—a dislike to appeal to the authority of medical men who have lived in asylums and among the insane, and who alone know what the insane require. The only way to avoid the defects apparent in so many existing asylums without incurring new ones, would be to take a careful preparatory survey of the character and requirements of the insane, so that a just estimate might be formed of what is generally desirable, and what is wanted in particular portions of the building only. To render this survey effective, the aid of a medical man who has lived in an asylum should be required at every step."

It must be a source of great gratification to the distinguished philanthropist just quoted, to find that the views he has so long advocated are beginning to exert a beneficial influence on the minds of those entrusted with the work of erecting new asylums. Two of the newest—the one for the county of Derby, opened about two and a half years ago, and the Lincolnshire Asylum, built still more recently—are erected after plans drawn up in accordance with the principles maintained by him, and, with the exception of some minor details, are precisely alike. Taking this plan as a whole, it seems to have fewer inconveniences and to be better adapted to all the wants of an insane family than any previously existing in England.

It consists of a central building, three stories high, for the Superintendent's residence and public offices, with wings of two stories on each side extending far enough for one gallery; the next gallery is formed by placing the wing back just its width, thus securing an end window to the first. The third wing joins the front where they overlap each other, and runs back at a right angle to them. At the point where the three wings unite, the building is surmounted by a tower, in which terminate the ventilating flues. The kitchen and store-rooms extend back in the rear of the centre building, cutting off all communication between the male and female departments. The wash-rooms, laundry and work-rooms are in a one-story building at the rear of the kitchen wing, and a corridor of communication extends from them and the

kitchen to the point of junction of the wings, affording a means of passing from them and the central offices to every gallery, and from one gallery to another without going through the wards. The infirmary is at the end of the rear wing. No extensive provision, it will be remarked, has been made for noisy patients, and this seems almost unnecessary. In passing through the wards of a large number of English asylums, at all hours of the day, and through some of them at night, not a single noisy patient was seen, such as may be met with in any of our institutions. While at Colney Hatch a polite invitation was accepted from Mr. Marshall, the medical officer of the female department, to accompany him through the galleries after the patients had retired; and I was surprised to find, that of over six hundred female patients only one was in the least degree noisy, and she was talking in a tone scarcely loud enough to disturb the patient sleeping in the adjoining room. Where so little inconvenience is felt from this source, it is not necessary to make such provisions as are requisite in American asylums for the noisy class, and accordingly we find the new institutions built without very particular reference to this point. The peculiar advantages combined in the Derby plan are convenience of access to each gallery from the central offices and the corridor of communication. The latter is so useful that it is thought no large asylum will hereafter be built in England without one. It dispenses with the necessity of using one gallery as a highway to reach another, a practical inconvenience that all who have lived in asylums must have frequently experienced. Each gallery opens upon the corridor, also the kitchen, wash-room, laundry and central offices. The chapel and assembly-room are in the second story of the kitchen wing, and communicate by stairs with the corridor. Other plans have been followed in the construction of the Essex, Birmingham and Cotton Hill Asylums, to which brief reference will be made in a subsequent page.

The style of architecture most generally selected for the new public buildings, of almost every description, is the early English or pointed style. It is more expensive than the Tudor Gothic, and, though richer in ornament, would hardly seem so well adapted to hospital purposes. The new Essex Asylum is truly a fine specimen of this style of architecture. It certainly harmonizes well with the beautiful scenery by which most of the English asylums are surrounded; and if it lacks the stately appearance of the Tudor, it has a comfortable, home-like look, that more than compensates for the deficiency.

Brick is the ordinary building material in England, and is used in the construction of all the new asylums, enough stone only being used to give an agreeable effect to the style.

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The light and cheerful appearance of the galleries of all the English asylums of modern construction, especially of those established within the last six years, cannot but make a most agreeable impression upon all who enter them. They are wide, with bed-rooms on one side only and large windows on the other, commanding a view of the surrounding country. About the centre of each wing is a projection, forming a recess, in which is placed a grate for an open fire; and in one institution visited there was a grate on each side, about midway between the centre and end of the gallery. Each ward has also a large end window.

The day-rooms are now generally placed in a front projection near the ends of the galleries, and are also used for dining-rooms. This is objectionable; but where the galleries are used, as they are in the English asylums, to a great extent, as day-rooms, the objection has not such weight as it would have with us. Dr. Conolly thinks that separate day-rooms are not desirable, as they interfere with the careful supervision of the patients by the attendants.

A change has taken place as regards the proportion of patients that should be accommodated in associated dormitories. In some of the older institutions two-thirds are placed in such dormitories; and Dr. Bell says, that at the time of his visit he "was surprised to find an almost entire concurrence of opinion, that in the best plan for an institution, whether for rich or poor, old or recent, males or females, it was expedient to have a large part accommodated in associated dormitories." Now, the opinion, that single rooms should be provided for at least one-half or two-thirds, is most generally entertained; and, in all of the newest asylums visited, with two exceptions, about that proportion of single rooms has been constructed. The dormitories are generally small, containing from six to ten beds only. There is no question but that it is more economical to make provision for a large part in associated dormitories; but their usefulness is questionable, except for the timid and suicidal. They seem to exert but little, if any, restraining influence over a turbulent patient—and such a patient in a dormitory frequently disturbs others who are excitable. The complaint is often heard from patients, who sleep in associated dormitories, of having been kept awake by the restless, and, perhaps, mischievous conduct of some one of their companions. Among convalescents, the unwillingness to sleep in associated dormitories is almost universal. Many years' experience in a large asylum has led me to conclude that only about one-fourth of the insane should be accommodated in associated dormitories—the other three-fourths in single rooms. The change of opinion that has taken place in England, in regard to their usefulness, seems to justify this conclusion;

but, even if the opinions of medical men in foreign asylums were as much in their favor now as they were eight years ago, we might still be permitted to doubt the propriety of at once concluding that they are equally adapted to the wants of American asylums. The difference in our social habits, and in the form and intensity of mental diseases among us, should not be forgotten. And however advantageous a large number of associated dormitories may be in foreign asylums—filled, as they are, mainly with incurables, and admitting but a small number annually—in ours, where one or two years effects an almost entire change in the inmates, they would add considerably to the difficulties of management and classification, and materially increase the feeling of discontent that, to a greater or less extent, pervades the thoughts of a certain class in all asylums.

In connection with bath-rooms the only improvement observed was a faucet, now much used in England. The valve is of vulcanized caoutchouc, and the faucet is opened and closed by giving a few turns to a rod, by which the valve is elevated or depressed. The water passes beneath the caoutchouc—the friction and wear is all above it, so that leakage is quite impossible. Copper is at present very generally used for bath-tubs. In the arrangement of water-closets I saw nothing superior to the downward ventilation of those recently constructed in some American asylums.

Most of the new institutions have a large recreation-room, in which patients, of both sexes, meet once or twice a week for amusement. They spend the evening in conversation, dancing and in games, always under the supervision of one of the medical officers. On many these social meetings are thought to exert a beneficial, and on some a curative influence. None seem to be disturbed or injured by them. At Colney Hatch they were about placing tables in their recreation-room, with the intention of using it for a dining-room for patients of both sexes, to the number of two hundred and fifty or three hundred.

The kitchens, wash-rooms and laundries are arranged with great care, and no expense has been spared to make them perfect in all their details. The space to which this article is limited will not permit a description of them.

The work-shops form a striking feature in the new institutions, and are considered highly important and useful. Labor is encouraged to a much greater extent than with us, and, in some establishments, has been made a source of revenue.

In nothing has the external appearance of asylums undergone greater change than in the size and the mode of securing the windows. Even

Bethlehem, where the past and its customs are held in such reverence that the genius of humanity and progress turns aside from its threshold has felt the impulse and is undergoing a change. Some of its massive bars have given place to sash of cast iron, of light and graceful appearance. The cast iron sash, a part of which is arranged to open for the admission of fresh air, is now most generally in use. It is strong enough for security, without possessing any very repulsive features. But the best window guard that came under observation was at one of the unfinished asylums. It is simply a double sash of rolled iron, the outer half glazed, and hung upon hinges, and shutting closely in contact with the inner, which is immovable and serves as a guard when the window is open. When closed, it presents exactly the appearance of the ordinary window, the sash being a little smaller than that usually made of wood. The movable part shuts against a strip of vulcanized caoutchouc to secure it against leakage, and is fastened by a spring and opened by a small key. This sash possesses two advantages over the cast iron—it is smaller and not so easily broken. The cost is a trifle more than of cast iron.

As regards the best material for floors to the galleries, the opinion is universal that there is nothing equal to oak. Stone floors have been taken up in some of the old institutions, and oak ones laid down. The English oak is preferred, but some floors of Canada oak were seen, that, in appearance, were quite equal to the English. It is not quite as hard, but is susceptible of a good polish. The floors are covered with wax and oil of turpentine once or twice a week, and polished by rubbing with a cloth or brush. Water is rarely used upon them. When contrasted with the soiled and dirty appearance that stone always presents after a few years' wear, or with the worn and rough surface of pine, as seen in many of our asylums, they are greatly superior. For bath-rooms, lavatories and water-closets, tile laid in waterproof cement are generally preferred. Asphalte has been tried, but is not very well liked. It absorbs a little moisture and becomes offensive.

Perhaps a more appropriate place will not occur in which to allude to the fireproof construction of the English asylums. The utmost care is taken to secure the safety of their buildings against fire. The melancholy casualty at the Maine Hospital should be held in sad remembrance by all future builders of insane asylums in this country, and induce them to guard against the recurrence of so terrible a calamity. This can only be done by the erection of fireproof buildings.

In England the subject of warming and ventilating buildings has been more ably discussed, and a larger number of experiments made to test the practical value of the various theories advanced, than in any other

country, and we naturally look to it for improvements. Feeling the importance of this subject, in a climate so cold and fluctuating as ours, it was made a special object of inquiry, at all the public institutions visited, and, as far as possible, the arrangements for warming and ventilation were inspected. Some uniformity of opinion prevails as to certain general principles, but in regard to the best mode of applying them to secure the desired result there is the greatest diversity. A few discard all new-fangled notions, and maintain that a return to open fires is inevitable. They regard ventilation by the windows as superior to any other method. Others admit that some of the modern plans are very good theoretically, but doubt their practical utility. The weight of opinion, however, is decidedly in favor of hot water or steam for warming, with upward ventilation. Hot water is most generally preferred, and has been adopted in nearly all of the new asylums. The preference for hot water seems to be based upon the greater ease and certainty of securing, at all times, a circulation of water, than steam, and the greater liability of the latter apparatus to get out of repair. The arrangement adopted in all the new asylums is the following.

The boiler is placed in the basement, with the circulating pipes extending from it through chambers beneath the building. The cold air is first drawn into an equalizing chamber, and thence into the chamber containing the pipes; frequently, however, it passes directly from the external air passages to this chamber; here it becomes warmed, and ascends through large flues to the galleries and rooms, into which it escapes through openings, generally near the floor, but sometimes near the ceiling. The ventilating flues, of equal dimensions to the warm air flues, commence, in the latter case, at the floor, in the former about two feet from the ceiling, and open into large horizontal flues in the attic; these terminate in a tower, near the top of which, and just where they communicate with it, a fire is kept burning. Each gallery, or floor, has its own main ventilating flue, that runs separate from all others to the tower. The arrangements for steam are precisely similar, except that the boiler is placed in a detached building, instead of the basement.—The extractive force, it will be observed, is placed near the top of the ventilating tower. Several asylums were examined where this plan has been adopted, and particular inquiries made in regard to its practical working, and, without exception, it seemed to be satisfactory. At the time some of them were visited, the atmosphere was most unfavorable to ventilation, yet a moderate fire in the towers kept up a steady current in the ventilating flues, and the air, even in the galleries for the most demented classes was pure and free from disagreeable odors.

In England, where open fires are sufficient for warmth, and a degree of ventilation is secured by the chimney, it is not very surprising to find, here and there, one who has a fondness for old things, and who pronounces all modern improvements humbugs. But, in the cold climate of our northern States, where other means than open fires must be resorted to for warming, and where the windows must be kept closed six months of the year, it is almost unanimously conceded, by those who have lived among the insane, that some system of artificial ventilation is essential to their health and comfort. There are, no doubt, some difficulties yet to be overcome and improvements to be made in the warming and ventilating of hospitals and asylums. One very frequent cause of failure of the apparatus above described is the employment of incompetent persons to superintend its working, since intelligent supervision is necessary to the efficiency of either steam or hot water.

The apparatus for heating by hot water being more simple and more easily managed than that for steam, is one reason why it is generally preferred in England; the carelessness or ignorance of the person in charge not so often impairing or defeating its usefulness. Steam, managed by an intelligent engineer, is found to be just as reliable.

Grates for open fires in the galleries of our asylums would be of service; besides, giving them a home-like, comfortable air, they would be useful and economical during the spring and autumn months, when the weather is not quite cold enough to call into requisition the general heating apparatus. Then an open fire, during a chilly day, or for a few hours night and morning, would be a source of comfort.

A peculiar feature in the management of most of the asylums in Great Britain is the entire abolition of all forms of mechanical restraint. There is a difference of opinion, it is true, as to the expediency of this measure, even among the most enlightened and humane, and one at least of the Commissioners in Lunacy maintains that the judicious application of restraint is in some cases almost indispensable to the best interests of the patient. The few who entertain this opinion assert that the excitement of an infuriated patient is often increased when he is restrained by the hands of attendants, and that padded rooms are not always to be recommended.

The advocates of non-restraint would allow such a patient to wander about an airing-court until the excitement wore off, or they would place him in a padded room. They find no evils resulting from this course, at least none so great as attended the old system of straps and muffs.

In the management of most of the public asylums it is a settled principle to use no restraint, and to resort as rarely as possible to seclusion;

and it is surprising to what an extent it has been carried. The medical officer of the female department at the Surrey Asylum informed me that no patient in his division had been in restraint or seclusion for six months previous to my visit, and this in a population of about five hundred. I may be allowed to remark here, that in no asylum did I observe greater care given to the comfort of the patients, and nowhere did they seem more quiet and contented. The house was scrupulously clean in every part, and gave evidence of the excellent supervision exercised by its officers.

Strong dresses for the destructive, small spring clasps to keep clothing upon those disposed to throw it off, cloth shoes for the violent, and a constant supervision of the suicidal, would do much towards diminishing the number occasionally subjected to mechanical restraint in American asylums. In exhaustive mania, where the life of the patient would be endangered by his frantic exertions, if unrestrained, some method of keeping him in bed must be resorted to. With the exception of such cases, non-restraint may perhaps be carried out with the same good results as in England. The quietness of their asylums is thought to be owing in a measure to this cause: where the least restraint and seclusion are used, the patients are said to be the most quiet and contented.

Some progress has been made towards placing in the hands of the chief medical officer sufficient power to ensure the smooth and efficient working of the regulations necessary in an insane asylum, but much yet remains to be done. At the new Essex Asylum, a Superintendent has been appointed with full authority to regulate and control all the internal affairs of the house, and the same has been done at some other institutions. But in most of them power is still so divided between committees, medical officers, steward and matron, that frequent misunderstandings and difficulties are unavoidable. The only remedy is to appoint a competent superintendent, place ample power in his hands to enable him to carry out all the benevolent objects of the institution and hold him responsible for its faithful discharge.

Other points in management might be noticed in which some changes have been made, but they are less important. It remains to notice briefly some of the new asylums.

THE DERBYSHIRE LUNATIC ASYLUM was commenced in 1848, and the first patient admitted in August, 1851, though the building at that time was in a very unfinished state. It is built for the accommodation of three hundred patients, and at the date of the report for 1852 contained one hundred and fifty-two. The total cost of land, buildings and

furniture was about ninety-eight thousand three hundred and ninety-six pounds sterling. The Asylum is situated about three quarters of a mile from the village of Mickleover, upon elevated ground, and commands one of the most extensive and beautiful views over the rich valley of the Trent that the county affords. The estate contains seventy-nine acres of land, and has been laid out and improved in a very liberal manner. Having already described the form of the Derby Asylum, I will here notice the general arrangements of a portion of the building.

The first floor of the main building is occupied by the public offices, and rooms in which patients receive the visits of their friends. The private apartments of the Superintendent are upon the second floor. At the top of the four towers on the angles of this building are four water tanks, two for hard and two for soft water, and holding in the aggregate 10,000 gallons.

The steward's office and dispensary open upon the private corridor of communication, which extends directly back from the principal entrance of the centre building. The two kitchens also open upon this corridor, the largest one has two roasters and two open fires for dry cooking, with dressers, flour-bins, &c. In the other kitchen are the stew-hearths, and five vessels for water cooking, enclosed in one large vessel containing hot water under pressure as a source of heat. In connection with and beyond the steward's office are the store-rooms, dairy, larder and pantry, all well ventilated.

Above the kitchen and store-rooms are the chapel and recreation hall, approached from the second story by the corridor of communication. The roof of this building is surmounted by a tower, having a clock, which strikes the hours.

Directly in the rear of the kitchens are the work-shops, wash-rooms and laundry. The principal wash-room is fitted up with three boiling vessels, a dash-wheel and hydro-extractor, also wash-tubs, with an abundant supply of hot and cold water. The foul linen wash-house is arranged in a similar manner, and has drying closets designed for beds and mattresses. Every part is constructed in the most perfect and durable manner.

An engine of fifteen-horse power is used for driving the washing machinery and pumping the water from the well and large underground tanks. These tanks receive all the water from the roofs of the building, and are capable of containing 122,000 gallons. Adjoining the engine-house are the smith's and plumber's shops. The bakehouse, brewery, carpenter's and tailor's shops are near by and are approached from the male wing by the covered corridor.

The gas-works are outside of the gates, and very near them is the garden-house, containing a seed-room, a vegetable-room, supplied with hot and cold water and a dresser, so that vegetables may be washed before being taken to the kitchens. At the end of this building is a weighing-machine, placed conveniently on the back road, for the purpose of weighing stores, coals, &c.

The wards of the patients are plainly but substantially finished, and are furnished with every modern convenience. The general arrangement of the galleries and rooms has already been briefly described. They are of fireproof construction throughout, having brick-arched ceilings and iron roofs. The centre building, or officers' residence, is not fireproof, except as regards the passages and stairways; but iron doors are used where the wards connect with the building. The floors of the chapel and recreation-hall are also fireproof.

The entire house is warmed by hot water, and ventilated by means of fires in four large ventilating shafts. These shafts also carry off the smoke from all the fires of the establishment.

BIRMINGHAM BOROUGH LUNATIC ASYLUM.—This asylum was commenced in 1846, and finished for the reception of patients in 1850. It is situated about two miles from Birmingham, and overlooks a portion of the city, and a wide extent of country. The ground plan is a modification of the H form. It consists of a central building for the officers, with a wing on each side forming one gallery. At the extremity of each of these wings commences a corridor or gallery of communication, which extends back at right angles with the front wing. The other wings, three in number on each side, branch off from this corridor and are separated from each other by court-yards. It is of brick, two stories high, and was erected for three hundred patients, but can accommodate three hundred and thirty. Its total cost was £74,224. The oak floors of the galleries attracted my attention by their clean and beautiful appearance, and the tile floors in the corridors looked very well; but they are more expensive than oak, and are not so well liked by those who have had experience with both. The galleries are spacious and well lighted by large windows upon one side, the bed-rooms being on the other. The window-sash is of cast iron, and so arranged as to allow of the opening a part of the window for ventilation. The bath-tubs are of copper, and also the wash-hand basins in the lavatories.

The kitchen is large and very conveniently arranged. Two cooks, with the assistance of patients, do all the work. Patients are also employed in the wash-room and laundry to a much greater extent than in our institutions. The drying-closet, arranged with a hot-air furnace be-

neath it, the heated air being admitted and drawn off through the floor, was said to work satisfactorily. Steam is used both in washing and wringing the clothes.

Every part of the house was remarkably clean, and the patients well clad and comfortable. Restraint is never resorted to. Dr. Greene, the Superintendent, remarks, in his last annual report, "There has again been no mechanical restraint whatever, and the year's additional experience leads us to the conclusion that the cases in which it is required are of very rare occurrence. Neither has seclusion been resorted to frequently, or for long periods. The time of seclusion has rarely exceeded four hours; but two excited patients were each secluded for a whole day, and one for five days in succession." But little furniture or clothing is destroyed. The building is warmed by hot water, and ventilated by fires at the top of the towers, into which the ventilating flues open. The following is from the report of 1852:

"The total number of recoveries during the year has been 46, being 38 per cent. upon the admissions. And nine others have been discharged so far improved as to be fit for restoration to their homes."

The quietness and good order over the entire house bear evidence to the excellent manner in which the officers discharge their duties, and they have just reason to be proud of their success.

ESSEX COUNTY ASYLUM.—The new asylum for the county of Essex, is located near the village of Brentwood, about twelve miles from London, on the Eastern Counties railway. It stands upon elevated ground, back of the village, and, from its general form and style of architecture, looks from a distance almost like a collection of cottages; and this effect is heightened by its spacious chapel, with its spire rising up in graceful proportions from the centre. It is built of brick, two stories high throughout. Its form is quite dissimilar from any other I have ever seen. From the central building, appropriated exclusively to the offices, and officers' residence, extend back two wings, used for stores; these form two sides of a small court-yard, the kitchen forming the third. A corridor of communication runs from the central building along each side of these wings to the kitchen, and on to the chapel, which is about one hundred feet beyond.

The chapel stands in much the same relation to the galleries for patients as the central building does in the Derby plan. A wing extends on each side to a sufficient distance to make one gallery, the second is formed by placing the wing its width in advance of the first, thus leaving a window at the end of that gallery. The third gallery commences

where the first and second unite, and extends parallel with the kitchen and store-room wing, to a point on a line with the front of the main building. The infirmary is on the opposite side, parallel with the chapel, and extends beyond it. This arrangement places the kitchen nearly in the centre, and from it a short corridor of communication extends to the point of junction of the four wings on each side. It also affords pleasant views of the surrounding country from the windows of all the galleries.

The whole building is warmed by hot water, and ventilated by fires, at the top of the foul air shafts. It is built for about four hundred patients.

When visited in July, 1853, it was nearly ready for occupation. In point of completeness, in all its internal arrangements, it is quite equal to any of the new asylums. The kitchen, wash-room and laundry are large and convenient. A hot-air furnace is used for the drying-closet, and I found a general concurrence of opinion that it is better for that purpose than steam. Steam heat does not deprive the atmosphere of its moisture sufficiently to dry clothes rapidly.

It would be a needless repetition to notice all the details in the construction of the house; the utmost liberality has been exercised, and all recent improvements have been introduced. I am under many obligations to Dr. Campbell, its able Superintendent, for his most kind and hospitable reception, and for the facilities he afforded me for inspecting all parts of his establishment.

CHARITABLE INSTITUTION FOR THE INSANE OF THE MIDDLE CLASSES, COTTON HILL, STAFFORD.—At a meeting of the subscribers to the charitable institutions for the insane of the middle classes in connection with the Staffordshire asylum, the following resolution was moved by the Earl of Shaftesbury, and seconded by Dr. Conolly.

“That this meeting is of opinion that an institution by which persons of the middle class of society who are affected with insanity, for whom no provision is made by the legislature, and whereby they are provided, at a small cost, with the care and comforts which their education and previous habits require, is one of high importance to the interests of humanity, and well deserving of general support.”

It may be a matter of surprise to many that a country so justly celebrated for its charities as England, should neglect to make provision for so large a class of the insane as the one for whom the asylum under notice has been established.

The middle classes in England are not able to pay the expenses of a private asylum, and not being paupers, are excluded from the public charities; the result is that they are kept at home until reduced, with their families, to poverty, and then sent to swell the number of incurables

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that fill the wards of the county asylums. In some of the counties a charitable fund has been subscribed, by which a small number of patients of this class are supported, but the erection of this building is the first important step taken towards making suitable provision for them.

The building is intended to accommodate one hundred and twenty patients, and its estimated cost is twenty-two thousand pounds. This amount has been raised by subscription, and the house, at the time of my visit, was nearly completed. It is built of brick, two stories high, and in the early English style of architecture. The H form has been adopted, with the kitchen, laundry, and wash-room in the rear of the central building. The interior is finished in much better style than the county asylums, with suites of rooms for a few patients, but for the greater part the ordinary arrangement of galleries and bed-rooms. It is warmed by steam, and the foul air is extracted as in the other new asylums previously noticed.

Oak is used for floors in all the galleries, and the doors are of Canada pine, covered with a dark-colored varnish. To prevent the communication of fire from one gallery to another, cast-iron girders are laid beneath the floors, supporting a layer of fireproof cement, and upon the under surface of this is laid the plaster for the ceiling. The wrought-iron window guards, previously described, have been introduced here.

The erection of this institution must be regarded as one of the most important events that have recently occurred in connection with the English asylums. The example will doubtless be followed in other parts of the kingdom, and must everywhere contribute to the relief of a most unfortunate and suffering class of the insane.

In concluding this imperfect sketch of the present condition of the institutions for the insane, in England, I would express my grateful acknowledgments to the medical gentlemen in charge of the asylums visited, for their kindly attentions bestowed upon me. To Dr. McGavin, formerly Medical Superintendent of the Montrose Asylum, Scotland, I am deeply indebted for many acts of personal kindness, and to Dr. Thomas Pritchard, of Northampton, my obligations are especially due, for his efforts to aid me in the prosecution of the objects of my visit.

ARTICLE II.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF THE PHYSICAL ORGANIZATION AND MENTAL MANI- FESTATIONS. BY A. O. KELLOGG, M. D.

ON THE IMPORTANCE OF A CERTAIN AMOUNT OF PHYSIOLOGICAL, PATHOLOGICAL AND PSYCHOLOGICAL KNOWLEDGE TO PARENTS AND THOSE ENGAGED IN THE EDUCATION OF YOUTH.

It is only within the last few years that the importance of physiology as a branch of popular education has been duly recognized, and even now, in most instances, it is assigned a secondary place, while others of far less practical importance, and sometimes even of doubtful utility, sanctioned by the usages and customs of past years, are clung to with an avidity disproportioned to their intrinsic merits, and incompatible with the progress of the age in which we live. It is not intended, in these articles, to cast disparagement upon any branch of popular education now in use in the schools, but to call the attention, particularly of those engaged in the education of youth, to others which have been too much neglected, and which experience and the present state of science have shown to be of equal, if not of paramount importance. The great mistake into which parents and teachers of the present day are apt to fall, is to suppose that the chief business of education is the development of mind considered in the abstract, and to disregard that material medium through which alone it manifests itself. A system which would lead to the view of mind in the concrete, and which aims at the development of the whole man, physical, moral and intellectual, is the only system in harmony with nature, and the one calculated to bring about the greatest amount of good. It is somewhat surprising that, while almost all other branches of physical science have been seized upon with avidity and cultivated successfully, not only for their practical usefulness in the conduct of life, but as a means of mental development,—that, while metaphysical science, in all its dark wanderings, has been implicitly followed as the only guide to a correct understanding of mental manifestations,—so little attention has been given to the physiology and pathology of the brain as the organ of these operations, which, by its varying states of health and disease, its original perfection or imperfection is ever influencing them. Gregory Myssen, speaking of the different

kinds of dreams, observes, "the brain may not inappropriately be compared to a stringed instrument, which, while its various keys are properly tuned, vibrates harmoniously; but, as soon as they become relaxed, or screwed down, nothing but discord is produced." Looking upon the brain, not as a unit, but as a congeries of organs, each subservient to some faculty of the mind, this comparison becomes particularly appropriate. Through these organs mind manifests itself, more or less powerfully or efficiently, according to their original and innate perfection, or their present depraved or comparatively perfect condition, as they may have been influenced by disease, education or other circumstances. In many cases this organism is so defective, as in congenital idiocy, as to derange entirely all the mental operations, and—but from the partially successful results of the labors of MM. Voisins and Valee, of the Bicêtre Hospital, Paris, and some others in the U. States, and elsewhere—to preclude all hopes of ameliorating their unfortunate condition by the cultivation of their imperfect faculties.

In others the organism is so delicately wrought, so exquisitely "toned," as to leave us in doubt where the physiological condition ends and the pathological commences; this state is compatible with the highest order of mental manifestations, the loftiest flights of imagination, and the most sublime conceptions of genius.

Dryden's lines, so often quoted, express a pathological fact which cannot be doubted, when we take into consideration the physical organization of many a child of genius :

"Great wits to madness closely are allied,
And thin partitions do their realms divide."

Individuals of this order occasionally work and sojourn with us for a brief space in this our sublunary existence, and their brief history—which consists in being seen, admired and mourned—is soon told; for the restless spirit—that "divinity which stirs within them"—soon frets away its frail and o'erwrought tenement, and insanity soon casts over their brilliant intellects the shadow of its dark wing; or scrofula, in some one of its protean forms, lays their bodies in the dust, and the spirit passes away unincumbered to a more congenial communion of the "spirits of the just made perfect" in the realms of light and life.

Cowper, Keats, Pollock, Kirk White, and many others whose names might be mentioned, were beings of this order; but, certainly, the most remarkable examples of precocious genius, allied to that extreme delicacy of organization and excitability of the nervous system—which, if not a pathological condition *per se*, passes into it almost imperceptibly—have occurred in our own country within the last few years.

We refer to the two sisters, Lucretia and Margaret Davidson, whose cases, for various reasons, seem to call for something more than a passing notice. These young ladies were the daughters of Dr. Oliver Davidson, of Plattsburgh, New York. The mother, from whom, undoubtedly, they inherited their delicacy of organization, is described as a woman of ardent temperament and uncommonly susceptible feelings. Lucretia was born in 1808, and died of consumption at the early age of 17, leaving behind her, in the amount of true poetry she has written, a monument to her genius seldom equalled and never excelled by one removed at so early an age. Dr. Southey, in the *Quarterly Review*, speaking of her poems, says, "There is enough of originality, enough of aspiration, enough of conscious energy, enough of growing power, to warrant any expectations, however sanguine, which the patrons and the friends and parents of the deceased could have formed." Her susceptibilities were so acute, and her perceptions of beauty so exquisite, as to cause her to faint when listening to some of her favorite melodies from Moore. Yet, notwithstanding this serious impression, she would beg to have them repeated, so delicious were the sensations produced. Her father, though a medical man, seems not to have looked upon this as a symptom or manifestation of incipient morbid action; for we are told, "as soon as she could read, her books drew her away from the plays of childhood, and she was constantly found absorbed in the little volumes her father lavished upon her. Notwithstanding, as appears from one of her later poems, she herself seemed conscious how near her mental condition bordered on insanity. We quote the lines referred to :

" There is something which I dread,
 It is a dark and fearful thing,
 It steals along with withering tread,
 And sweeps on wild destruction's wing—
 That thought comes o'er me in the hour
 Of grief, of sickness, or of sadness;
 'Tis not the dread of death—'tis more,
 It is the dread of madness.
 O may these throbbing pulses pause,
 Forgetful of their feverish course!
 May this hot brain, which burning glows
 With all a fiery whirlpool's force,
 Be cold, and motionless, and still,
 A tenant of its lonely bed;
 But let not dark delirium steal—

Here the poem, so expressive of the fearful workings of the spirit within her, ends abruptly.

The education of this young lady appears to have been of that character best calculated to develop the intellectual at the expense of the physical powers, and to bring about the melancholy result which was so soon realized—a system too commonly pursued in similar cases, it is to be feared, at the present day. Instead of keeping her at home, and inducing her to forego, in a measure, her intellectual exercises,—to roam the fields and enjoy communion with nature in the free air of heaven,—to take exercise on horseback, and all other means calculated to strengthen her physical powers, and overcome a scrofulous taint of the system, the parents, proud of her extraordinary intellectual endowments, readily yielded to the suggestions of a friend, who, like themselves, only saw in her a mind which needed cultivation to develop the highest order of powers—overlooking the delicate physical organization to which it was linked—and placed her in a celebrated female seminary. Here the intellectual exercises she was compelled to undergo served but too rapidly to develop the germ of disease already sown, and caused it to grow with fearful rapidity. These and their deleterious consequences to herself and others similar to her in delicacy of constitution, are so admirably set forth in her verses on the “Examination,” that we transcribe them :

“One has a headache—one a cold,
 One has her neck in flannel rolled,
 Ask the complaint, and you are told,
 ‘Next week’s examination!’
 One frets and scolds, and laughs and cries,
 Another hopes, despairs and sighs,
 Ask but the cause, and each replies,
 ‘Next week’s examination!’
 One bans her books, then grasps them tight,
 And studies morning, noon and night,
 As though she took some strange delight
 In these examinations.
 The books are marked, defaced and thumb’d,
 The brains with midnight tasks benumb’d,
 Still all in that account is summ’d,
 ‘Next week’s examination!’”

This could not last long, and in less than six months, according to the memoir, she was taken home in a dying state. Death, who loves a shining mark, had already selected his victim; and consumption, his most faithful ally—the insatiable foe, the implacable enemy of all that is lovely and pure, and beautiful and gifted had stolen his march upon her—

and seized and loosened the silver cord which bound her to the earth. The skill and kindness of her father, the affectionate tenderness of her mother, were of no avail. That kingdom which "cometh without observation" had been early set up within her, and she was soon to put off the habiliments of her earthly tabernacle, in which she had sojourned but for a brief space, to be "clothed upon by that which is from heaven."

Here we draw the curtain over this sad picture of the unequal struggle between the intellectual and physical powers, to pass to the consideration of another, no less melancholy, no less interesting.

Margaret Miller Davidson, sister to the above, appears to have possessed the same delicacy of organization, the same fine-wrought sensibility of the nervous system, together with that scrofulous taint of the system which belonged, in so marked a degree, to her sister.

Notwithstanding her education appears to have been more judicious than that of her sister, still it was insufficient to prevent the early development of the germ of disease she had inherited, favored as this was by that uncontrollable bias towards extraordinary mental exertion, which must have reacted with fearful effect on the natural delicacy of her organization. In illustration of the wonderful activity of the child's mind, we quote the following anecdote of her: "During a visit to New York, the young poetess, having engaged herself for a private theatrical scheme, agreed to write a play. Several days had been spent in preparing dresses, scenery, and other accessories, when she was called upon to produce the play 'O!' she replied, 'I have not written it yet. The writing of the play is the easiest part of the preparation; it will be ready before the dresses.' And in two days she produced her drama, 'The Tragedy of Alethea,' which, though not very voluminous, contained enough of strong character and astounding incident to furnish a drama of five times its size."

Notwithstanding the ease with which she said this could be done, still it could not have been accomplished by one so young without a fearful expenditure of vital power, and a constant repetition of this could but serve to hasten the fatal issue. Consumption, the old enemy, made its appearance, and in spite of all efforts to ward off the attack, she sank under its blighting stroke in Nov. 1838, aged 15 years and 8 months. The predisposition to consumption in these young ladies was so strong that it would undoubtedly have developed itself at some period of life, had the mental activity been less marked. But instances of death from this disease at so early an age are comparatively rare, and are in most instances the result of some marked exciting cause. Had they even possessed far less mental activity, but been subjected unwillingly to a

severe task-master, or to the rigid discipline of a boarding-school, and excited by a laudable ambition to excel at an examination, possessing at the same time that natural delicacy of organization and predisposition to disease, the result would, in all probability, have been the same. Here, however, the innate love for mental excitement—that *insanabile cacæthes scribendi*—was a sufficient task-master, and no rigid disciplinarian was required to goad them on to destruction. But these cases, detailed above, form an exception to a general rule.

We more frequently meet with youth of the same delicacy of organization and predisposition to disease, but whose restless activity and propulsive energy of character manifests itself in a different way, impelling them to physical rather than mental exertions; not that they are incapable, by any means, of extraordinary mental efforts, when urged upon them, for they master the tasks of their teachers without any apparent effort; but to them the only true science is the science of gymnastics, and the only true poetry the "poetry of motion." Their nervous excitability and natural buoyancy of feeling must break forth in some way, and most happy is it for the proper development of their physical organization, if this is only restrained within due bounds. The great mistake which parents and teachers of such youth are apt to commit is to suppose that, without rigid restraint, too much valuable time is lost which should be devoted to the cultivation of the understanding, naturally so active and brilliant. But the understanding, in these cases, aside from that rigid system of tasking and forced development too common, we fear, at the present day, seems, with proper and judicious direction, to develop itself almost intuitively. Such a mind, in the expressive language of Carlyle, "unfolds itself, and becomes, in some tolerable degree, what it is capable of being." Let us not be understood as applying this to all cases: the peculiar organization, physical and mental, to which these remarks are intended, we have attempted to point out; and teachers, to discriminate correctly, must study the character and peculiarities, mental and physical, of those committed to their care, assisted in this by a certain amount of physiological and pathological knowledge.

There is no disease we more frequently encounter, in connection with precocious mental manifestations, than scrofula; and it has been observed by some of the most intelligent and enlightened physicians of our country, that these affections, whatever form they assume, become exceedingly intractable, and generally result in the destruction of some one or other of the physical organs necessary to life, or so modify their healthy action as to render them peculiarly susceptible of disease; and

when this diseased action is once established, their vital energy is so modified that they readily succumb. The late Dr. Brigham,* in his excellent little work on "The Influence of Mental Excitement and Cultivation on Health," has some remarks on this head that are so apposite that we deem no excuse is necessary for transcribing them.

"Dangerous forms of scrofulous disease," says he, "among children have repeatedly fallen under my observation, for which I could not account in any other way than by supposing that the brain had been excited at the expense of other parts of the system, and at a time of life when nature is endeavoring to perfect all the organs of the body; and, after the disease commenced, I have seen, with grief, the influence of the same cause in retarding or preventing recovery. I have seen several affecting and melancholy instances of children, 5 and 6 years of age, lingering awhile with disease from which those less gifted readily re-

* The personal history of this accomplished writer and eminent philanthropist furnishes one of the most striking illustrations of the truth of the doctrines he so ably discussed up to the time of his death, which took place just as he was passing the meridian of his days, deeply regretted, not only by the profession of which he was a brilliant ornament, but entire humanity, and particularly that branch of it devoted to the care and treatment of the insane. His life, from the cradle to the grave, was emphatically a life of ceaseless activity. During the latter years of it, while connected with the large establishment for the insane at Utica, no duty which he could discharge himself, and no responsibility he could assume, was ever delegated to another: from the investigation of the most intricate of the many hundred cases of mental alienation which were daily presented to him, down to the construction of the simplest mechanical contrivance for the benefit of his patients, all must pass under his own immediate supervision. In answer to a remark of the writer, that unless he relaxed his exertions, he would, at no distant day, furnish an eminent illustration of the truth of his doctrines in his own person, he replied that he must work, and without labor he was unhappy.

This ceaseless activity, mental and physical, reacting upon a constitution naturally delicate, kept him in a constant state of ill health; yet he had no time to be sick, and the labor he accomplished in this state was truly astonishing. No one knew better than himself what must be the natural and inevitable result of such an expenditure of bodily and mental force, or has more truthfully described it; yet, to make a practical application of it to his own case he could not, so absorbed was he in his labor of love, and the fulfillment of his mission of good to his suffering fellow-creatures.

But he stood
'Gainst that invisible and fellest foe
Who striketh reason throneless, and the world
Beheld him in his meek benevolence
Seeking the lost, and on the broken mind
Graving the name of healer.

And he continued to stand till his physical organization was completely worn out, and fell with his armor on, doing battle nobly " 'gainst the invisible foe" he had combated so long and so successfully—and when the last enemy, dread and invincible, met him, he was found ready to yield up cheerfully to others that trust he had kept so faithfully, himself into the hands of his Maker, and enter into his everlasting rest.

cover, and at last dying, notwithstanding the utmost efforts to restore them. The chance for the recovery of such precocious children is, in my opinion, small, when attacked by disease; and several medical men have informed me that their own observations have led them to form the same opinion, and have remarked that in two cases of sickness, if one of the patients was a child of superior and highly cultivated mental powers, and the other one equally sick, but whose mind had not been excited by study, they should feel less confident of the recovery of the former than the latter. This mental precocity results from an unnatural development of one organ of the body at the expense of the constitution."

The above is in accordance with my own observations during an active practice of ten years.

ARTICLE III.

ON THE PROPRIETY OF ADMITTING THE INSANE OF THE TWO SEXES INTO THE SAME LUNATIC ASYLUM. By JOHN M. GALT, M. D.

At the present time, when the wants of the insane are so generally recognized and enforced, we can but view it as desirable that particular attention should be directed to every subject in connection with establishments devoted to the care of these unfortunates; for the efforts of those acquainted with the exact nature and characteristics of insanity, which formerly could not be more profitably bestowed than in persuading the public to make due provision for the hapless lunatic by the erection of asylums, may now be given very suitably to attempts at improvement in the construction and management of these charities.

We regard the separation of the insane, so that only those of one sex shall be admitted into any asylum, as a subject of sufficient importance to occupy the attention of all who are interested in the amelioration of the lot of those laboring under the dire calamity of mental alienation.

The primary disadvantage, under the ordinary system, of having both sexes in the same establishment is two-fold. First, the necessity of keeping the two classes strictly apart demands the most ceaseless vigilance on the part of the officers—a vigilance, too, which must be

deemed entirely superfluous—time, indeed, completely thrown away, when we reflect that it is not at all necessary to include males and females in the same institution. Now, there is fully enough to occupy the minds of officers without having their attention engaged in so ridiculous and utterly useless a train of thoughts. Secondly, not only are these precautions requisite, but the liberties of both orders of patients are essentially abridged by the necessity of keeping them altogether apart. In discussing the question of permitting a modified social intercourse between the insane of the two sexes, Dr. Woodward has asserted that he disagreed with Jacobi in regard to the adverse views of the latter. But, whether he be right or wrong, it must be manifest, on reflection, that such association had a great deal better take place, in either case, with sane persons of the opposite sex than with the insane. And this, which we esteem, indeed, a desirable arrangement, like other improvements, as we shall show hereafter, is diametrically opposed to the existing policy of having males and females on the same premises.

But, again, the circumstance of a variety of officers of different sexes being attached to the same establishment has led, we are confident, to far more bickering and strife than would otherwise have occurred: such diversified interests and such conflicting views ensue, that every board of trustees will find a difficulty here. This is a fact so well established, that we could quote more than one writer to that precise effect. And it must be remembered, too, that all evils of the kind are not only unattended by any counterbalancing advantage, but, as merely appertaining to the present false system, cannot be deemed an intrinsic constituent of the incidents attending the management of the insane.

But, moreover, besides this clashing of opinion to which we have referred as very liable to cause strife and confusion, still greater difficulties attend the management of a promiscuous crowd of male and female attendants. We need not enter into minutiae here, but the evils of this admixture are felt in asylums generally, and have often been deprecated. In truth, aside from their relation to each other, the relation of attendants to patients of the opposite sex is sometimes a perplexing matter; and for this reason alone we would urge the proposed change, especially when the opposite is alike feasible and advantageous.

When we look to the principles of progress, we find that the present system causes us to cling to all the obsolete practices and ideas of the past. The moment any new endeavor is to be made, if it suits one side of the house, it is just as likely as not to prove unsuitable to the other. Saying nothing as to the freedom of action with regard to all experi-

ments, which would be acquired by a different plan, the very fact that the minds of the officers would be released from a number of cares and apprehensions, would give a wonderful impetus to their further efforts to better the condition of their afflicted charge.

From the last paragraph the transition is easy to a suggestion of kindred nature, with which we conclude our arguments in this relation, though others might with facility be adduced if they were called for. The argument to which we advert is involved in a principle which holds good not only with regard to the management of lunatic asylums, but is applicable to all institutions for whatever purpose, and, indeed, constitutes an important law of nature. For a great and inherent principle of creation is found in the unity of design pervading the whole "universe of things." The might and power even of the Deity is evinced in the highest degree in this mode of action. When we survey the animal and vegetable kingdoms, we discover a strict accordance with this law in their structure and spheres of action. For example, how well adapted to the purpose of flying—the chief design, as to motion, of a large majority of the feathered songsters of the grove—are the conjoined characteristics—hollow bones, very expansible lungs, and a nervous pinion, all pointing to the one purpose of flight! Again, in the camel, a denizen of sandy plains, what a remarkable suitableness to its habitat do we discover in its capacity of endurance, the shape of its hoof, and the peculiarity of its stomach in containing a reservoir of water! It were needless to multiply instances, as the principle under consideration is evinced everywhere throughout all the fields of nature. And when we turn to man, and examine his acts and doings, his efforts and his institutions, we find the same ratio to exist as elsewhere in nature, between power on the one hand and simplicity and unity of action on the other. This conclusion we, of course, consider as altogether applicable to the measure respecting the insane which we have advised above. But, moreover, it may be observed that this principle has long been fully acknowledged in an important question connected with the management of those laboring under mental disease; for, if we investigate the facts bearing on the question whether lunatics should be treated in the same building with the sufferers from other maladies, and with the poor generally in almshouses and receptacles of the kind, we see that experience is entirely in favor of a separation of the poor lunatic from such companionship. Now, it is but an extension of this idea, when we adopt the plan of providing different establishments for the two sexes, for in each case simplicity and unity are the objects sought.

Another consideration, which may, perhaps, be brought forward in support of the plan of different asylums for the two sexes, is, that we might then venture to accommodate larger numbers, comparatively, in each institution. For the principal argument as to accommodating in one establishment but a limited number of the insane is, that a considerable number cannot be properly attended to by one mind, it being assumed that the best government of a lunatic asylum is that of a medical superintendent placed over the whole establishment. But it must be obvious that when we have got rid of the harassing cares attending the management of the two sexes in a single institution, then the number under supervision in each case could doubtless be enlarged with advantage. And further, the general idea involved in the principles of classification could be far more thoroughly and efficiently carried out when, the number of the patients under the two regulations merely remaining the same, we could double our wards under the new policy; according to the proposition which we have advanced, however, of increasing the amount of accommodation, a still greater potency is conferred on the capacity for classification. Again, by the adoption of the proposed alteration, the buildings would be far more simple, would cost less, and prove more efficient, being directed to the one purpose of treatment, instead of having to be so modified as to guard against ridiculous dangers. Apart from other considerations, the last-mentioned would enable us, too, the more easily and advantageously to increase the number of the inmates accommodated; and the most prejudiced in behalf of small asylums could not gainsay the idea in question. It happens, then, both from the facility in providing for large numbers, and the unity of design in the buildings, a saving in the cost of institutions will consequently ensue. This alone would probably compensate for any pecuniary loss attending the improvement which is suggested, the advantages of which, however, we are free to confess, are not to be measured by dollars and cents.

Having assigned the principal reasons which, in our opinion, prove the propriety of that change of policy in asylums which has been described above, we proceed to touch lightly upon the ideas and experience of others in this regard. And first, as to the actual experience on the subject. Though, from the two prominent examples of the few asylums in which the new principle has been followed—the Bicêtre and the Salpêtrière—more important lessons have emanated than perhaps from any other source; yet we have no design to strengthen our position by any reference to either these or other establishments for the insane, because few great improvements have ever been effected without there

having been partial instances of the change proposed for years, indeed for centuries, elsewhere, and yet no grand results ensued until a radical subversion of an old measure was accomplished. Thus, republicanism and the union of confederated republics had been attempted before the American revolution; and yet, when were there produced such extensive and beneficent effects before our starry constellation of States flashed forth to adorn and guide the present age? Moreover, whilst it might make little difference what were the peculiar arrangements about an institution for the insane, when only a few principles had been established, and whilst the management at an early period was necessarily rude and unsystematic, there might be a world of difference, and every nicety of arrangement might be demanded, when various important principles had been discovered and enforced; and hence, for their being carried out fully, various niceties of arrangement would be required.

As respects the idea of carrying into practice the new instead of the old arrangement, there is not the least difficulty, if, hereafter, those advocating the cause of the insane will simply adhere fully to the truth; for, upon the assumption (now generally supported) that an institution should not contain beyond a comparatively limited number of patients—viz., 200—250, it is evident that, in order to make suitable provision for the unfortunate lunatic, asylums will have to be greatly multiplied. Nor can I believe, now that the good effects of hospital treatment are so widely observed and so extensively recognized, that there will be any backwardness in the public as to doing all which duty requires and compassion urges. In the consequent multiplication of asylums, how easy will it become to separate the sexes! Many still contend that though they allow this division to be best in some instances, yet it is frequently impracticable, giving as a reason the cost of transportation and other arguments founded upon the idea that the insane can be accommodated but to a limited extent. We contend, on the contrary, that the public mind needs but little more of persuasion to induce the construction of a suitable number of asylums, and therefore such arguments are untenable. As an example, however, of this sophistical mode of reasoning, I quote a few lines from the letter of an eminent physician of this country. He says, "I can readily believe that there would be some convenience and advantage in having the insane of the two sexes in different buildings, and on this account, if it was proposed to build two hospitals in the same section of country, I would recommend that one should be for males and the other for females; but, as the conveyance of patients for a great distance, when going to a public institution, is a serious evil, I scarcely think the advantages would be sufficient to coun-

terbalance this difficulty, when one institution is in the eastern extremity and the other in the western part of a large State," &c.

The "*laudator temporis acti*" is so common that we do not think it necessary to quote the opinions of the past on the present subject; suffice it to state, that, as a general rule, writers prefer a separation of the sexes, if, as they say, it is feasible. But we have already pointed out the fact that such a mode of argument is no longer admissible. He who opposes the proposed arrangement must be prepared to defend himself on the assertion of its intrinsic inferiority. Admitting, however, such fancies to stand for what they are worth, we still find the medical world divided as to the matter in question; and this circumstance itself should induce us to lean to the new views, because every one is aware of the prejudices which association weaves about established customs and regulations.* In conclusion, we adjoin the unanswerable remarks of Dr. Maximilian Jacobi, whose testimony is a host in favor of any measure whatever:

"As to the question whether patients of both sexes should be received into the same establishment, although pecuniary considerations in most cases lead to their union, yet I am very decidedly of opinion that, whenever circumstances will permit, such union ought to be avoided. When an establishment is intended for the reception of both sexes, the general difficulty of constructing and arranging the different apartments in such a manner as to secure the attainment of the objects in view, is immeasurably increased, both by the primary considerations relative to the separation of the sexes, and by the secondary, though still important ones relative to the divisions for separating the maniacal and violent patients, so completely as is required, from the rest. The proper location of these patients, in any part of the establishment, so as to prevent them from disturbing the others, has always been a very difficult problem; but when the separation of the sexes requires it to be doubled in the same range of building, the difficulty of its solution is incomparably increased. Embarrassments of a similar nature also occur with respect to appurtenances destined for general use, such as baths and other curative apparatus, gardens, courts, walks, &c. For they must either be made use of by patients of both sexes, under great restrictions, or they must be doubled. Hence scarcely any plan of arranging them can be discovered which is not attended both with great inconvenience and expense, and, besides, much greater restraints on the liberty of the patients than would be otherwise necessary; whilst, at the same time, the communication of the male and female patients, which ought in general to be most scrupulously avoided, can never be wholly prevented. In addition to all these inconveniences, another evil of no small magnitude arises from the great number of male and

* It is said that when Harvey declared to the world his discovery of the circulation of the blood, no physician beyond forty years of age "gave in his adhesion" to the new views. To use the slang of the day, great is the power of "foggyism."

female servants indispensably employed. Intrigues of all sorts are perpetually afloat amongst them, and are productive of much greater injury to the institution than any one would imagine who has not had personal experience of the fact. In reference to the question of expense, which claims particular notice under this head, it is obvious that, when all the requisites in the erection of a new establishment for both sexes are duly considered, no great saving can here accrue, however considerable may be the diminution of the cost in the general administration and the domestic economy."

ARTICLE IV.

BAILLARGER AND FALRET ON A NEW SPECIES OF INSANITY.

REMARKS ON A VARIETY OF INSANITY, THE PAROXYSMS OF WHICH ARE CHARACTERIZED BY TWO REGULAR PERIODS, THE ONE OF DEPRESSION AND THE OTHER OF EXCITEMENT.—By DR. BAILLARGER.

*Communicated to the Imperial Academy of Medicine, of Paris,
January 31st, 1854.*

There are no conditions which present more striking contrasts than those of melancholia and mania. The melancholic is feeble, timid and irresolute; his life is passed in inaction and silence, and his conceptions are slow and embarrassed. The maniac, on the other hand, is full of confidence, energy, and even audacity; he displays the greatest activity, and his loquacity is unbounded.

It would seem, then, that these two conditions, so opposite, must be strangers to each other; but observation proves the opposite. In many, indeed in most cases melancholia follows mania, and *vice versa*, as if there were a secret union between these two diseases.

These singular transformations have been frequently noticed. Pinel speaks of attacks of melancholia which degenerate into mania. Esquirol says it is not uncommon to observe mania alternate in a regular manner with consumption, hypochondria and lypemania. Indeed, in examining many cases, it is impossible not to observe the phenomena of excitement and depression as following each other in succession, and that these are evidently only two periods of the same attack. The consequence of such an opinion is to infer that the attack is neither

melancholia nor mania proper, but that it is a special form of insanity characterized by the regular occurrence of the two periods.

It is this species of insanity which I propose to explain, and which I shall call, provisionally, *insanity in a double form*. I cannot do better, in order to illustrate its character, than to offer a narrative of a few cases.

1. Mademoiselle X., now aged 28 years, had several attacks of mania between her 16th and 18th years. After a sane interval of three years she relapsed and has been insane ever since. The disease is paroxysmal, each paroxysm continuing about a month. During the first fifteen days all the symptoms of profound melancholy occur, and then, on a sudden, mania appears and continues for the same time. When the period of depression commences she is a victim to sadness which she cannot overcome, her face has the appearance of suffering, the voice is weak, motions languid, and soon all these symptoms increase, and she remains immovable and mute. Every effort to rouse herself is painful; even the light of day fatigues her. With all this she is conscious of what is passing, understands questions put to her, but answers slowly and in monosyllables, and with a low voice. During all this period she labors under sleeplessness, want of appetite, and an obstinate constipation. The pulse is small and slow.

After this condition has continued fifteen days it ceases suddenly during the night, and is succeeded by high excitement. The next day the countenance is animated, the conversation brisk, and the motions rapid and sudden; she cannot remain for any time in the same place, but moves here and there as if by an irresistible impulse. The vivacity of mind is such that she is continually making epigrams. In this state sleeplessness remains, but the appetite has returned.

After fifteen days have elapsed a period of calm returns, almost suddenly, and she recollects all she has said during the second period of this attack, and gradually recovers her usual habits; but, unfortunately, the intermission is short; it is scarcely ever prolonged to two or three months; fifteen or twenty days of interval is much more common. During the interval her appetite is excellent, and her appearance rapidly improves.

2. This is the case of an insane person cured by Willis, and in whom the interval was only ten days, instead of fifteen. The following is the narrative of the sufferer: "I waited, with impatience, the paroxysm of excitement, which lasted ten or twelve days, more or less, because I experienced, during its duration, a sort of beatitude,—everything appeared easy, no obstacle stopped me, my memory was improved, I recalled.

with facility, long passages in Latin, and I wrote rapidly in verse. I was insensible to cold or heat, or any of the ordinary inconveniences of life."

"But if these kind of illusions made me happy, I was no less miserable when the period of dejection occurred. Then I reproached myself for past actions and even ideas. I was timid, even pusillanimous, incapable of action, physical and moral, and the passage from one state to the other was rapid, and occurred frequently during sleep."

3. I borrow this from Esquirol.—The patient having had a very short attack of melancholy at 28 years of age, remained well until she was 36 years old. She then became again insane, without any apparent cause. At first she was in a state of languor and sadness, incapable of taking the least exercise, or of employing herself. At the end of six weeks there was suddenly a general excitement, sleeplessness, irregular movements, a desire for wine to excess, and perversion of the affections. These symptoms disappeared after two months, and the patient recovered her reason, but every year she has similar attacks.

To the above several additional cases are added; and, in remarking on all of these, the author observes that these attacks are frequently shorter than in those enumerated. Dubuisson speaks of a female whom he attended during four years, and who had, every two days, the alternate signs of melancholia and mania. She would present one day the symptoms of a melancholy delirium in the most intense form, and the next day it would be general mania; she would cry, become enraged, quarrelsome and loquacious.

It is worthy of observation, that the duration of the two periods is more equal, in proportion to the shortness of the paroxysm. So, also, is the rapidity of the transition more marked by striking symptoms.

In two instances I have been deceived in mistaking the period of transition for that of convalescence. Others have made the same mistake.

But it may be urged, that in those instances in which the transition occupies some months there are two distinct diseases. Such is the opinion of Pinel and Esquirol.

Or, on the other hand, is it not an intermission merely? In order to solve this question, it is necessary to ascertain what we mean by the word *insanity*. In my view it consists of two elements: 1, lesions of the intellect; 2, a loss of knowledge of these lesions, and it is this that essentially characterizes insanity. A person is not necessarily insane who has hallucinations, still less he who is laboring under a certain degree of excitement or depression of his intellectual faculties; but he becomes so when he views them as realities, and is drawn into actions which he cannot control by his will.

Conceding these preliminaries, it remains to inquire into the character of the intermission. Even if the insanity has disappeared, is there a full return to the natural habits? In the author's opinion there is not. As in the case of an insane person, discharged by himself from la Salpêtrière, supposed to be cured, there remained an exclusiveness, a taciturnity which was not natural, and a too laborious effort to appear rational. Again, the excitement usually is as violent as the melancholy has been profound, and the periods of each are very equal.

It is stated that Dr. DES ETANGS, in a visit to Salpêtrière, found a female laboring under imbecility, who had an attack of insanity in this double form. Having continued during the whole winter mute and motionless in a corner of the room, she suddenly became excited during the spring and summer. An uncontrollable loquacity and violent symptoms of nymphomania were the sequence.

The principal diagnostic of this form of insanity is the regularity of its periods. But the author does not the less recognize such as a variety which is characterized by irregular intermissions.

Conclusions.—1. The patient often has only a single attack and the maniacal period may thus be regarded as a crisis, curing the melancholic, or previous one. Pinel remarks, "Idiotism, a species very common in hospitals, is sometimes cured by an attack of mania;" and under the title *idiotism* he includes acute dementia, stupidity and profound melancholia.

2. The attacks may occur three, four, five or six times, at intervals during two, four or six years.

3. They may have an intermittent type, and sometimes are very irregular.

4. In some instances there is no intermission, but the attack passes at once from one to the other.

In these cases the delirium seems to be characterized by instinctive impulses, rather than by insane conceptions, properly so called. Nymphomania, Satyriasis, and a desire for strong liquors, seem also to occur frequently.

Convalescence frequently follows at the end of the first period; but, if the patient be not restored to health after fifteen days, or a month, or six weeks, a second attack is quite probable.

On the 14th of February, 1854, the following memoir was read.

Memoir on "LA FOLIE CIRCULAIRE," a form of insanity characterized by the successive and regular occurrence of mania and melancholia, and by a lucid interval more or less prolonged. By M. FALRET, Physician to the Hospital la Salpêtrière.

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M. Falret, after observing that, at the last meeting, Dr. Baillarger had read a paper on a new species of insanity, proceeded to remark, that with him it is not a new one, that he had described it ten years since in his course of clinical lectures at the La Salpêtrière, and that the attention of his pupils had been frequently called to it. He considered it, not a variety, but a specific form of insanity, and had called it "*folie circulaire*," because the unhappy subjects of it pass their existence in a continuous circle of depression and maniacal excitement, with a lucid interval, usually short, but sometimes protracted. In his "*Leçons Cliniques de Médecine Mentale*," 1854, p. 249, this name will be found, taken from the original publication in the *Gazette des Hôpitaux*, of 1850 and 1851.

The description of the form is as follows :

"The change from mania to melancholia, and *vice versa*, has been long noticed as an occasional occurrence, but it has not been sufficiently noticed, or, at least, it has not been distinctly stated, that, with a certain class of the insane, mania and melancholia occur in continuity, and in a succession quite regular. This fact has induced us to establish a form of insanity which we call '*folie circulaire*.' The unhappy subjects are constantly liable, even to the end of life, to this succession, with but short intervals. Nor are the symptoms so striking as in mania and in melancholia proper. It is not incoherence of ideas, as in mania, but simple maniacal excitement or extreme activity of the faculties, with constant restlessness and disordered actions. It is not the lesions of intelligence and prevalence of delusions, as in melancholia, but physical and moral depression of the faculties. This form of disease is less curable than either of the diseases separate; and, up to this time, M. Falret can report no cure, nor even a durable amelioration."

M. Falret remarked that he hoped this extract would leave no doubt about his notice of a new form of mental disease. If he had been general in his observations, it was because the subject belonged to special pathology, on which he has not yet made a publication.

Some additional remarks on this subject are here respectfully offered. And first, it is proper to discriminate between the remissions and intermissions which sometimes occur in cases of insanity, which may be confounded with the form now noticed.

In all cases of insanity there are *remissions*, more or less marked, as well as *paroxysms*, more or less intense: nothing is more uncommon than a continuous course of disease. This is as much unknown in the observations of insanity as in ordinary disease. Nevertheless, in the author's opinion, the frequency and intensity of these remissions and

paroxysms have not been sufficiently considered; and it is this inattention which has caused many capital mistakes. Thus, in general insanity, it is one of the causes why affections actually distinct are classified under the generic name of mania; and the same observation applies to instances of melancholia and of delirium, which are all united together by observers, without enabling us to establish any line of demarcation.

Every one, for example, will allow the existence of intermittent mania; but we have no deductions founded on the regularity or irregularity of intermission. How, indeed, can we know, on a first attack, whether there will be any regular intermissions?

In Dr. Falret's opinion there are several facts already known which may serve as guides. Thus, insanity which is to be intermittent has usually a sudden accession, and a march of continuity more uniform and less paroxysmal, and a cure often very sudden. A few signs of diminution of symptoms may, indeed, be observed in the course of from eight to fifteen days; but, after all, the transition from disease to cure is rapid. The continuance of each attack is prolonged as age increases; but it is an error to suppose that intermittent insanity ends by becoming continuous: such cases are only exceptions. The truth is, that, by attention to previous attacks, we can often predict when the cure of it will take place. This is very important as a prognostic, to the sick person, to his family and to society. But, if every attack of intermittent insanity is more curable than other forms of insanity, it is in its *essence* incurable. We must expect it to recur, although, possibly we may, by judicious treatment, increase the length of the intervals of attack, or avoid some one of them. Exciting causes may, on the other hand, increase their frequency. We cannot say that there is a periodicity.

Independent of these cases of intermission with long intervals, there are cases of the same with short intervals—that is, of eight or fifteen days, of three weeks or a month. These certainly constitute a particular variety of intermittent insanity. All that we can say of them at present is, that these short attacks are separated from each other by a completely lucid state, which, in general, is of the same duration as the attacks. Such cases are rarely susceptible of cure; but, fortunately, they are far less common than attacks with long intervals. It is, notwithstanding, important to appreciate them, in reference to confinement in an asylum, or in judging whether a criminal action has been committed during the attacks or during the lucid intervals.

Along with these we have also to notice instances of *remittent insanity*, indicated by striking exacerbations and remissions, and which

are well marked, longer, and more easily treated. They are more curable in proportion as the remission differs from a total suspension of the disease.

It is necessary to establish these distinctions before we proceed to consider what we have called "*folie circulaire*." It is different from any of the forms of which we have spoken. True, in mania we sometimes observe melancholic states more or less marked, and more or less durable. In some cases, also, before the explosion of agitation, we notice a melancholic condition; and so, when the time of cure approaches, there may be a period of prostration. Again, in partial insanity there are frequently maniacal paroxysms, with an anxious, restless state of melancholy. Indeed, these transformations frequently happen in an accidental manner, as all authors have noticed. But none of these constitute the species now named. Here the depression and the excitement follow each other in regular order, often during life, with an interval of reason corresponding to the continuance of the attack. Sometimes the circle is completed in three weeks or a month; at other times, not until after many months, or even years. But, whether this be long or short, it has no effect on the nature of the disease. The successive train of symptoms continues unchanged. This, indeed, is the leading character; and it extends itself even to an exact recurrence of the same ideas and sentiments in each succeeding accession. This constant monotony is very disheartening.

To facilitate the description, we shall consider a reunion of the three periods as an attack of *folie circulaire*, and proceed to notice it. And first, of the *maniacal state*. This is usually characterized by simple excitement of the mind and ideas. By the spectator, indeed, it may be considered as merely a sudden lighting up; but in a short time the evil increases. The exuberance of ideas greatly increases; affection or hatred is displayed, in an unexpected and irrational manner, toward individuals; the movements are rapid and incessant. It is in this stage that, when left at liberty, patients will destroy their furniture, change their rooms, destroy their gardens, conceive new projects, and almost instantly execute them, write prose or poetry with prodigious activity, and all these as frequently during the night as the day. With all, the bodily health is excellent, often antecedent maladies disappear for a time; the appetite improves, and, in spite of the want of sleep, the incessant moving about does not appear to weaken; the countenance is animated. This condition is not usually marked by any extreme disorder of the ideas and sentiments; but it sometimes happens, as in real mania. Illusions and hallucinations are often very intense and well marked. In long-continued cases the mental debility is more marked.

After a longer or shorter period the excitement gradually diminishes proportionally to its coming on; but there still remains some of it. It is not a true lucid interval. The patients do not speak or act as if they were in a convalescent state. We must judge rather by negative than by positive facts. This doubtful condition never continues long, and is followed by the:

State of Depression.—Usually it approaches gradually, but sometimes follows very rapidly. The patients but seldom indulge in speech; they seem to be ashamed of their previous condition, which they recollect more or less perfectly. Soon they become solitary and motionless. They are humble in all their actions. They are scarcely able to inquire for their necessary food. It is not sought for; it has to be pressed upon them. They show no sympathy or antipathy. The countenance is pale and sad, rather than anxious. The patient appears generally unwell, and all the organs of locomotion are in a state of torpor. The appetite is gone, and digestion very feeble. There is more sleep, but it is neither regular or prolonged.

These are the most constant symptoms, and generally unaccompanied with any marks of high delirium; but in some we remark those of humility, of fear of poisoning, of commission of crime, &c.

The period of depression is ordinarily longer than that of excitement, but there is no great difference, and after having remained for some time stationary, we gradually arrive at the *lucid interval*. The patient comes out of his torpid condition, he returns to his habits of order and labor, but slowly and without activity. There is a return to health, but this is marked by a diminution of intelligence, such as existed before the first attack. The period is habitually shorter than either of the others. But in proportion to the intervals between the accession of the whole disease, in its three forms or circle, will be the length of the interval.

There are some general facts illustrating this form of disease. Doubtless, the description is far from complete. It remains to offer some general observations. And first, *Is this form common?* Judging from observation, it is not; but there are several causes that may operate in appreciating the true answer. The want of close attention; the fact of examining these cases sometimes in the condition of mania, and sometimes in that of melancholia, classifying them as such, and not being able to follow them through their various states; and particularly, because, as the symptoms of each are seldom strongly marked, they are not frequent inhabitants of asylums. Dr. Falret has been often consulted in advanced cases, and found how ingeniously parents have deceived themselves. The period of depression had been, with them, languor, weakness, or

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failing of spirits, while that of excitation was gaiety, sudden vivacity, or oddity.

La folie circulaire is much the most common in the *female sex*. Dr. Voisin agrees with our author in this. In the Salpêtrière the cases have been in the proportion of three females to one male.

The prognostic is unfavorable.—Here is a reunion of two forms of insanity, each of which, separately, may be cured. But in this instance the cures are very few. Some advantage may be gained by eliminating them from the ordinary forms of insanity, and thus insuring greater success with these. An improved classification and improved therapeutics may thus be equally gained.

In legal medicine, and especially with those cases which have remained with their families, and, while there, have committed acts which subject them to judicial inquiry, much good may be done by explaining this form of disease—its course—the probability of a renewed attack—the doubtful condition of the lucid interval—the necessity of an order to be placed in an asylum, &c.

Dr. Baillarger replied by contesting the claim of M. Falret to originality, except as to the new name, but principally by asserting a specific difference in the forms of insanity described by each. This will probably be sufficiently understood by the following table offered by him :

Folie Circulaire.

Mania.

Intermission.

Melancholia.

Intermission, &c.

Folie à double forme.

Mania—melancholia (attack.)

Intermission.

Mania—melancholia (attack.)

Intermission, &c.

ARTICLE V.

QUESTION OF THE SANITY OF A TESTATOR.

THE CASE OF GEORGE PHILLIPS IN THE SUPERIOR COURT. MONTREAL, 1854.

George Phillips, Plaintiff, vs. Martha Anderson, et al. Executors, Defendants. Case for the Plaintiff, by Mackay and Austin, his Attorneys.

Thomas Phillips, the testator, was a person of high standing with the public. He was married to Martha Anderson, one of the defendants; the plaintiff was the oldest son of that marriage. The testator died in June, 1842, and his will was dated February 25, 1842.

The plaintiff alleged, "that, for a long period of time before the making and execution of aforesaid will, he, the said Thomas Phillips, was not of sound mind—was not *sain d'entendement*; and that, at the time of the making of said will, he, the said Thomas Phillips, was not of sound mind—*sain d'entendement*."

"That, on the 25th February, 1842, the said Thomas Phillips was laboring under a deprivation of reason, and was insane; and particularly on the subject of the plaintiff, towards whom he then and before manifested an insane aversion, *haine injuste*, and conducted himself with insane temper; and on that date, and before, the said Thomas Phillips was laboring under a most painful disease, which, operating on his temper, tended to increase, and did increase, his insanity aforesaid.

"That the insanity of said Thomas Phillips drove him frequently to manifest such a fury against the plaintiff, that, if the plaintiff had crossed his way, or gone within his reach, he, the said late Thomas Phillips, would have committed violence upon him, as in fact he oftened threatened, and without reason whatever.

"That the said will of 25th February, 1842, and the quality of it, afford of themselves ample grounds for its being adjudged that the said late Thomas Phillips was insane, *non sain d'entendement*, at the date of it.

"That although, by the said will, the said late Thomas Phillips recognizes the plaintiff as his son, he has only bequeathed him ten pounds

currency, to be paid him in five annual payments, the first to be due in twelve months of the decease of the said Thomas Phillips; the said will declaring that, for many good and sufficient causes to him known, (but none of which are stated,) it was his express will that he, the plaintiff, should not in any other manner, or by any other means whatsoever, directly or indirectly, receive any other part, greater share, emolument or interest out of the property which he then was or might afterwards be possessed of, than the said ten pounds; and he, T. Phillips, declared his will to be, that in case his wife, or any or either of his children, should obstruct, or cause any deviation from the express conditions of the said clause of his will, they, he or she should lose all the advantages, emoluments and interest which he has bequeathed them, or any of them, and become, in consequence, subject in every respect to the conditions and exceptions contained in a clause in said will, afterwards provided, to take effect against those who should act contrary to his expressed wishes and terms of his bequest.

"That the clause so referred to was and is to the effect that if his wife, or any of his children, should oppose, or act contrary to any clause, matter or thing in his will, she, or any child so opposing, should forfeit all legacies or advantages which, otherwise, they might derive from the will.

"That by his said will the said Thomas Phillips did also direct and authorize his executors to withdraw and appropriate, from and out of the interest and income of his estates, one thousand pounds currency, (or such less sum as might be requisite,) to be applied for and towards the enforcing, in due course of law, the provisions in said will contained, and resisting all suits and demands to the contrary thereof.

"That, after the making of the said will, and up to the time of his death, he, the said late Thomas Phillips, continued insane, and in the same frame of mind against the plaintiff—every day expressing the most rooted and unjust hatred against plaintiff, and making all his family promise never to show any liberality or charity towards plaintiff or his children, as, in fact, the said will orders them never to do.

"That to the legacy of ten pounds to plaintiff by the said will, the testator was moved by hatred against plaintiff.

"That defendants have taken possession of all the estate and property of the late Thomas Phillips, worth upwards of £35,000, and refuse to give plaintiff any part of it.

"Conclusion.—That the will, for the causes aforesaid, be annulled and declared null and void, and that plaintiff be declared to be entitled to a share in the property and estates left by the said Thomas Phillips, in the same way as if he, the said Thomas Phillips, had died intestate and without will, &c.

"The defendants' plea is a denial of the chief allegations of plaintiff; it specially alleges that the late Thomas Phillips never was insane, never manifested any insane aversion to plaintiff, and that the will was made for just, good and reasonable causes. (It does *not* state for what causes.)

"Plaintiff's replication is general.

"At *Enquête* plaintiff proved the allegations of his declaration.—From the depositions of several witnesses it would appear that during the lifetime of the testator the plaintiff had been in business as a brewer. His father loved him, and always spoke well of him. About a year before the time of the will he had gotten into difficulties. His brewing business was carried on in buildings bought from his father, upon which he had laid out (as the testator admitted to the witness *Penner*) several thousand pounds. This was the cause of his difficulties. His general character was that of 'a clever, steady, capable man.' His creditors held several meetings on the subject of plaintiff's affairs. They believed that plaintiff had ample means to pay his debts in full, if some time were allowed him. They deputed three of their number to see Thomas Phillips, the testator, to get him to agree to the arrangement which they were willing to make with plaintiff, to give him time. The members of this deputation describe the conduct of the testator, when they saw him, to have been as follows: 'He said that his son was a villain, a damned rascal, and that he should like to see him breaking stones on the streets. He said that if he saw his son (plaintiff) coming up the lawn he would shoot him as soon as a mad dog. He then shed tears. Whenever his son's name was mentioned, he got quite outrageous, quite out of all reason. He appeared to be a perfect mad man.' *Bronsdon*, one of this deputation, saw the testator afterwards, and says, 'As soon as I began to mention his son's affairs, he got into the *same* rage he was in before. His last observation was, 'Damn him, I wish he was dead,—I will cut him off with a shilling. *Footner*, another of the deputation, saw the testator on *three* different times afterwards, and he was in the *same* bad passion, or continuity of bad passion. *Footner* says, 'He appeared to be laboring under a species of unnatural delusion respecting the plaintiff; in fact, when he mentioned his name, he seemed to be *perfectly insane*. As regards the plaintiff, the testator appeared to be *perfectly insane* when speaking of him; he could not contain himself, but kept walking about in an agitated manner. He was certainly not of sound disposing mind for a will. After looking at the will, (plaintiff's Exhibit, No. 2,) and after reading it, I am forcibly struck with some of its prohibitions, and *firmly believe* that the testator was of unsound mind when he made it.' *Footner* was, afterwards, assignee of the (bankrupt) estate of plaintiff, and, from his knowledge, states that

plaintiff had 'acted honestly towards all his creditors, including his father,' and that his creditors expressed themselves to that effect.

"The widow of the testator states, that 'for about ten months before the date of the will, he was suffering under great sickness of body and distress of mind,—he was suffering very severely from the disease which he had in his stomach,—he was very much irritated against plaintiff. Once, when plaintiff had proposed to call upon his father for the purpose of a reconciliation, if possible, the testator threatened, if he did so, to knock him down, if he were able. Plaintiff was always affectionate towards the late Thomas Phillips, and always was an affectionate, well-behaved, kind and attached son.' The testator was removed during his last illness from Montreal to Philadelphia, where he died. It was proposed there that he should see a clergyman; 'he appeared annoyed, and said that he would insult any clergyman that was sent for, or words to that effect. For about ten months previous to the date of the will, and until his death, the testator did not seem to be influenced by natural affection for the plaintiff. The day before his death, testator said that plaintiff must not be allowed to attend his funeral, or words to that effect.' He extorted, by his tears, on his death-bed, from this witness, strictly to adhere to the letter of his will, against George.

"W. Fraser, M. D., (formerly Lecturer on Medical Jurisprudence in McGill College,) says that he knew the testator. Being asked to declare, after reading the will, whether the testator was of sound mind when he made it, he says: 'On general subjects the soundness of testator's mind I see no reason to doubt; but his treatment of his son George, as appears by the will, is so extraordinary and unnatural, that, unless it can be shown that he was actuated by such motives as usually govern the actions of persons of sound mind, it must be referred to an unsound state of mind in reference to him. Being ordered to look at the evidence of record and to say from it whether or not the testator was of sound and disposing mind when he made the will, he says: 'I have looked over the depositions and evidence, and say, that, according to the best of my judgment, the legitimate inference to be drawn from them and the will is, that the causeless perversion of natural affection displayed by the testator towards his son George was owing to a morbid condition of brain and mind, or, in other words, to partial insanity towards him. I wish to explain what I mean. I perceive that, in the evidence of Martha Phillips, she bears testimony to the dutiful and affectionate conduct of her son George towards his father. There is another point in the evidence which appears to show that the testator's conduct was causeless—I allude to the favorable opinion expressed by the witnesses as to the fairness with which George had managed his business.'

"Q.—'From the state of mind of testator, would you have attributed to insanity an act of violence committed by him upon plaintiff—say after the making of said will—or would you have considered him a reasonable person, to be held responsible for such violence, supposing like violence criminal in the case of an ordinary person?'

"A.—'From the evidence afforded by the will, and the witnesses formerly examined in reference to the testator's state of mind towards the plaintiff, I am of opinion that he could not, according to my idea of the medical jurisprudence of insanity, have been held responsible for any such act of violence committed against the plaintiff, although he might towards other persons.'

"Q.—'Upon the whole, was the testator of sound and disposing mind, for the purposes of a will affecting the plaintiff's interest, at the time of the will referred to?'

"A.—'I think he was not.'

"Upon cross-examination, Dr. Fraser was asked,—

"Q.—'What are the grounds on which you have based your opinion of the said testator's insanity *quoad* the plaintiff?'

"A.—'Chiefly from the following facts mentioned in the will, and in the testimony of the witnesses—namely, disinheriting his son; prohibiting his mother, brothers and sisters from assisting him in any way, on pain of forfeiting the property which he left them respectively; commanding his family not to allow George to attend his funeral; saying that he would shoot him; becoming excited upon all occasions upon which his said son's name or business was mentioned; upon the testimony of Mrs. Phillips that the testator had no just cause of resentment against the plaintiff, who, she says, was always a kindly, loving and dutiful son, and that, in her opinion, the will is unjust towards the plaintiff: moreover, upon the nature of the disease under which the testator labored, and of which he died.'

"F. C. T. Arnoldi, M. D., (formerly Lecturer on Medical Jurisprudence in McGill College,) says that he attended the testator immediately previous to his going to Philadelphia. He describes the disease under which testator labored to have been dyspepsia in its most aggravated form, accompanied by severe stomach pains and incessant restlessness, with much irritability of temper or mind.

"Q.—'Look at the evidence of record, particularly the answers of Martha Phillips, the depositions of the witnesses examined, (excepting Doctor Fraser's,) and the will, (plaintiff's Exhibit, No. 2,) and say was the testator, Thomas Phillips, of sound and disposing mind when he made the will referred to.'

"A.—'I have carefully read over the deposition of Martha Phillips,

from which I cannot come to any other conclusion than that the late Thomas Phillips, at the time alluded to in her deposition, when he exacted of her the observance of certain prohibitory clauses in his will, regarding his son George, was then decidedly laboring under a monomaniacal state of mind. As regards the testimony of Mr. Footner, which refers to several months before the date of the will, there is no doubt in my mind that the said Thomas Phillips was positively insane towards his son George. As regards the will itself, my inference is that the cunningness of malignity displayed throughout the whole of it against the said George Phillips is, of itself, strong presumptive evidence, if not absolutely positive, of monomaniacal insanity. I would particularly refer to the stringent precautions taken in said will, implying subsequent penalties to all or any of the specified heirs who should or would, at any time thereafter, assist in any pecuniary or other manner the said George. The monomaniacal feature could not be more completely developed than by the prohibition against the plaintiff to attend his funeral.'

"This witness notices how Jos. Andrews' deposition corroborates W. Footner's. He also states that he knows positively that the reason for the will disinheriting George was that he would not make over to his father,* to the prejudice of all his other creditors, the properties he was in possession of. He says that, from what appears of evidence, he, witness, could not have considered the late Thomas Phillips, had he used criminal violence against plaintiff, responsible, according to the criminal law of the country. "In other words (says witness) I have not the slightest hesitation in saying that, whatever the result of such violence might have been, he, the said Thomas Phillips, must have been liberated by a jury on a plea of insanity; furthermore, it is to my certain knowledge that, had the plaintiff afforded his father an opportunity for personal aggression, he, Thomas Phillips, would have given vent to his passion or monomaniacal desire to exercise violence towards the plaintiff, and that for reasons over which he could exercise no control, and constituting his actual monomania.' Witness says that he does not believe that the testator was of sound and disposing mind when he made the will, (Exhibit, No. 2.) and does not think that he had a sound and disposing mind for the purpose of a will affecting George Phillips.

"G. E. Fenwick, M. D., agrees with Doctors Fraser and Arnoldi.

"The defendants' evidence consists of general statements by medical witnesses, that they see no evidence of monomania in the testator; and, by other persons, that the testator was a very shrewd, industrious, honest man, and not at all insane, as far as they saw; yet, only one of them

* His father had so proposed to George.

ever mentioned George's name in his hearing, and then abstained, suddenly, from conversing on the subject of him, owing to the temper and determination shown by the testator. Some of these witnesses remark that the testator was ambitious to found a family.

"Upon the evidence, as it appears, plaintiff submits:

"1. That the will is null, being made *ab irato*.

"2. That Thomas Phillips was insane.

"A will made *ab irato* is null.

"Merlin. Rep. 'Ab irato.' Pothier Don. Test.

"Causes Célèbres, tome 20, p. 92, *et seq.*

"Ricard, donations, tome 1, ch. 3, sec. 14.

"From 1600 downwards the jurisprudence has been constant to set aside such wills. Hatred merely *presumed*, from the testator passing over a person, overturned the will of *la Dame Goupigny*; this was by sentence of *Le Camus* in 1702, confirmed in appeal 1704. A testator reduced to *légitime* his heir, because he married contrary to his pleasure; *Le Camus* set aside the will, 1709, and the judgment was confirmed in appeal, Aug. 6, 1709. The books are full of like cases. Thos. Phillips only willed what he had a right to, defendants may say. Did *Pinon*, *Le Boulz* and *Le Camus* do more? They had a right to will what they did, equally strong as Thomas Phillips' right can be pretended to be. They had 'a right' to will as they pleased *all*, except the *légitime* of their heirs. Formerly there were two sorts of *biens* in the succession of a father—those which he *could* dispose of and those which he could not. It may be said that of the first sort are *all* the *biens* of a father, in Lower Canada, now. But what of that? A testator never could, nor can he now, it is submitted, dispose of such by abuse of the power confided to him by the law. He offends the law when he makes a will of which bad passion is the principle; such a will cannot be called *voluntatis nostræ justa sententia*. In the old law, though the *légitime* was expressly left to the heirs—though the testators confined themselves to willing away only what they had 'a right' to will—such wills were set aside, (D'Anguesseau, tome 3, p. 49,) the dispositions of them were set aside '*quoique permises en elles memes*,' and this because of the injustice of the motives of the testators. So it would be held in France now. (Merlin Rep.)

"So it is under the law of Lower Canada now. Let us apply our law to the case before us. In what case were proofs of hatred as strong? In what case so numerous? If there were no parol proof, the will itself, as set forth in plaintiff's declaration, would suffice to establish the *haine injuste* of the testator against the plaintiff; but we have evidence extrinsic, which must be conclusive. There is the evi-

dence of *Arnoldi*, that the testator wished his son, the plaintiff, to perpetrate a fraud. The son would not. After that the father listens to nothing but the dictates of bad passion and hatred; no invectives, no *injures* are too gross to be applied to the plaintiff; he is a villain, a damned rascal, deserving of death as a mad dog. The will bears date after this. It cuts off the plaintiff with ten pounds, the equivalent of the 'shilling' spoken of by *Bronsdon*. There is the *continuity of testator's hatred*. *Bronsdon* saw him on, *two* different occasions, at least, and *Footner* on *three*, and he was, always, in '*the same*' bad passion; and was he not in the same bad passion when, in Philadelphia, he said that he would insult any clergyman that might be sent for? And, again, when by tears, he extorted from his wife the promise to observe his will in its prohibitions and enactments against plaintiff? And, again, when five days afterwards, and the day before his death, he ordered that plaintiff should not be allowed to attend his funeral? The testator's hatred was plainly marked. It was unjust. The testator could assign no reasons for it. The plea of the defendants assigns none. We have a right to presume that it was unjust, till proof of the contrary. (*Ricard.*) The only cause for the hatred, as far as it has been discovered, (an unjust cause it is,) is the circumstance mentioned by *Arnoldi*. The defendants, to judge from Bankrupt Court papers which they have offered at *Enquête*, would assign as cause that the son had become a bankrupt. This has not been pleaded; while it has been proved that, at the time of the hatred commencing, the plaintiff had enough to pay everybody, and that, if eventually he did become bankrupt, it was by his father's own fault. His embarrassments had been caused by his spending 'several thousand pounds' upon property which, by the result of the bankruptcy proceedings referred to, reverted to his father. It has also been proved that the plaintiff was an honest man; all his creditors were satisfied of that. The testator's unjust hatred of plaintiff is shown to have been the motive for the will, which plaintiff is obliged to complain of. It is impossible to read the will without being convinced of this. It cuts off not only George, but his children from all rights of succession. It disinherits George, and even his children in succession, by any possibility, to their aunts, uncles, or cousins. Persuaded that it would result in litigation, the testator leaves £1000 to harass and obstruct the plaintiff, who always toward him had been an affectionate, dutiful, well-behaved son, and conducted himself as such. (See the evidence of Martha Anderson, Alfred Phillips and Eleanor Phillips.)

"It is for the Court to decide what success the will complained of shall obtain. The plaintiff submits that it ought to be annulled, as made *ab irato*.

"The defendants may represent it as a work of justice, of the religion of a Christian, and of the charity of a dying man.

"2. That Thomas Phillips was insane.

"Thomas Phillips was insane, *non sain d'entendement*.

"Under our law it is required that a testator be *sain d'entendement* and *exempt de passion*. '*On ne mettra pas de ce nombre ceux qui se livrent à leurs passions.*' (Adv. Genl. in *Le Camus*' case.) The plaintiff submits that the will of which he is obliged to complain furnishes causes for suspecting insanity in the testator; and that, considering it together with the parol evidence adduced to prove the fact, there is complete proof of insanity. We see a total change of character in the testator; we see a violent hatred and fury exhibited by him against the plaintiff; we see a permanence of this hatred, indicating an aberration of reason. The witness *Footner*, a very intelligent man, describes the testator as having been under a species of 'unnatural delusion' respecting the plaintiff, expressing a readiness to kill him as he would a mad dog. This is not unlike the testator's expression, when, once, (as his wife says,) plaintiff had proposed to call upon his father for the purpose of a reconciliation, the testator threatened that, if he did so, he would 'knock him down,' if he were able. *Footner* says that the testator was 'certainly not of sound and disposing mind for a will.' He adds, that he is struck with some of the provisions of the will, and 'firmly believes' that the testator was of unsound mind when he made it. The testimony of the medical witnesses for plaintiff is clear and positive, to the effect that the testator was laboring under what they call partial insanity; that he was so insane on the subject of the plaintiff, that, had he killed him, he would yet have had to be held irresponsible for the act; and that, for the purpose of making a will affecting the plaintiff's interest, he was not of sound mind.

"The disease under which testator labored may have operated on his temper and increased his insanity. Doubtless it did.

"*Pinel* says, that the primitive seat of insanity is often in the region of the stomach and intestinal canal, and from this central part mental aberration is propagated as by irradiation.

"*Pritchard* says, that a disordered state of the intestinal canal often becomes a cause of disturbance in the brain, by whatever antecedents the former disease may have been induced.

"Defendants will say, 'the testator was a shrewd man, and did not appear insane to our witnesses.' What of that? It does not follow that partial insanity could not have existed in the testator; it is clearly proved to have existed. The 'shrewdness' of the testator, therefore, cannot save his will. *Le Camus* was a shrewd man. The plaintiff

submits that a mental disorder operating on partial subjects should, with regard to those subjects, be attended with the same effects as a total deprivation of reason. (Ray, Med. Jur. of Insanity. Paris and Foublanque, 1, Med. Jur.) The Lords of the Privy Council would go further; but the plaintiff is content to put forward the proposition as above, and, in support of it, to call attention to Ray, pages 237 to 243, and to the case mentioned there, of *Dew vs. Clark*, where the existence of partial mania is recognized, and the necessity is strongly inculcated of bearing in mind the fact of its partial operation on the understanding, while determining its influence on the civil acts of the individual.

"The point at issue was the validity of the will of one Scott, (who left personal property amounting nearly to £40,000.) in which he bequeathed the complainant, who was his daughter and only child, a life-interest in a small portion of his estate, the most of which was devised to his nephews. The object of inquiry was, whether the extraordinary conduct and feelings of the deceased towards his daughter had any real cause, or was solely the offspring of delusion in a disordered mind; and to this end an unparalleled mass of evidence was offered by each party. It was proved by the nephews that the testator had considerable practice as a surgeon and medical electrician from 1785 to 1820, and that at all times down to the latter period, when he had a paralytic stroke, he managed the whole of his pecuniary and professional affairs in a rational manner, and rationally conducted all manner of business. They admitted that he was a man of an irritable and violent temper, of great pride and conceit, very precise in all his domestic and other arrangements, very impatient of contradiction, and imbued with high notions of paternal authority. They represented him to have entertained rigid notions of the total and absolute depravity of human nature, and of the necessity of sensible conversion, and contended that all the singularities of his conduct could be attributed to his peculiar disposition and belief, without resorting to insanity for an explanation. By the daughter it was shown, by a body of evidence that placed the fact beyond the shadow of a reasonable doubt, that from an early period of her life he manifested an insane aversion towards her. It appears that he was in the habit of describing her, even to persons with whom he was not intimately acquainted, as sullen, perverse, obstinate, and given to lying; as a fiend, a monster, a very devil, the special property of Satan; and charging her with vices, of which it was impossible that a girl of her age could be guilty. The peculiar and unequalled depravity of his child—her vices, obstinacy and profligacy—were topics on which he was constantly dwelling; and his general deportment towards her not only negated

all idea of natural affection, but betrayed a most fiendlike temper. His manner towards her was fiery and terrific; the instant she appeared, his eye flashed with rage and scorn, and he spurned her from him as he would a reptile. Repeatedly, and on the most trivial occasions, he struck her with his clenched fists; cut her flesh with a horse-whip, tore out her hair, and once aimed at her a blow with some weapon which indented a mahogany table, and which must have killed her, had she not avoided it. Now it was abundantly proved that there existed no real cause whatever for this strange antipathy, but that the daughter was of an amiable, obliging and docile disposition,—that she had always shown great affection for her father,—that she conducted herself, at home and abroad, with the utmost propriety and decorum,—that she was a person of strictly moral and religious habits, and was so considered and known to be by the friends of the deceased, and others of high reputation and character. The court, in making up its decision, declared that the question at issue was ‘not whether the deceased’s insanity in certain *other* particulars, as proved by the daughter, should have the effect of defeating a will, *generally*, of the deceased, or even *this* identical will,—whether his insanity on the subject of his daughter should have the effect of defeating, not so much *any* will (*a will generally*) of the deceased as *this identical will*.’ Accordingly, considering it proved that *the* will was the direct, unqualified offspring of that morbid delusion concerning the daughter, thus put into act and energy, it was pronounced to be *null and void* in law. ‘In this decision,’ says *Ray*, ‘we see the prevalence of those more correct and profound views of insanity which have resulted from the inquiries of the last few years.’ In the present case it is made a question whether Thomas Phillips’ insanity shall or shall not defeat *this* identical will, of which plaintiff is obliged to complain. It has been proved that there was a derangement in one department of testator’s mind, unaccounted for satisfactorily, but directly influencing him at the time of the making of this will. Will defendant deny that monomania is insanity? The plaintiff contends that the testator was *non sain d’entendement* for the purposes of this will affecting him and his interests. This being so, he asks that this will (which even the principal defendants admit to be unnatural and unjust) be annulled. With perfect confidence, yet not without some anxiety, he seeks at the hands of this court that justice which has been denied him elsewhere.”

We have given this case in full, 1st, because it illustrates the jurisprudence of Canada; 2nd, because it is an antagonist case to that of *Dew v. Clark*, so well known to lawyers, and which should be equally familiar

to physicians. A manuscript note, annexed by the gentleman who has been good enough to forward the accompanying case, informs us that the superior court at Montreal dismissed plaintiff's action, saying that it was absurd to say that the testator was of unsound mind. He was only angry.

ARTICLE VI.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

- I. *Twenty-sixth Annual Report of the President and Directors of the Western Lunatic Asylum, at Staunton, Virginia, 1853-54.* Richmond, Va.

The report of the Superintendent, Dr. Francis T. Stribling, is preceded by elaborate tabular statements, giving the history of each case in brief—age, civil condition, apparent form of disease, supposed cause, duration before admission, time in the asylum, present condition, prospect and result. These are subsequently condensed under various heads, and from the two first tables we gather as follows:

	Males.	Females.	Total.
Remaining at the commencement of the year, 202	138	340	
Admitted from Oct. 1, 1852, to Sept. 30, 1853, 69	51	120	
	271	189	460
Discharged recovered,.....	26	15	41
“ much improved,.....	3	3	6
“ improved,.....	3	1	4
“ unimproved,.....	2		2
Died,.....	17	10	27
Eloped,.....	3		3
	54	29	83
Remaining Sept. 30, 1853,.....	217	160	377

Other tables follow showing the civil condition of the patients admitted during the year, their respective ages, the age at which insanity is supposed to have commenced, its duration to the date of discharge or to the time of making up the report, its form and duration at the time of admission, the monthly admissions and discharges and the monthly average of patients in the Asylum, the probable causes of insanity, the number of admissions during each year since the organization of the institution, the number from the respective counties for the same period and the number of deaths annually. The following table, showing the number of cases of more than twelve months' duration, of less than twelve months' duration, of unknown duration, and the whole number admitted since July 1st, 1836, the number of each class discharged and remaining, with their condition, and the per centage of cures to admissions and discharges, is valuable :

CASES OF	ADMITTED.	DISCHARGED.					REMAIN.			PER CENT. OF CURES TO		
		Cured.	Relieved.	Unimproved.	Died.	Total.	Relieved.	Unimproved	Total.	Admissions.	Discharges.	
More than 12 mos' duration	Males,	353	63	21	28	105	217	44	91	135	17.85	29.03
	Females,	245	55	23	10	47	135	39	71	110	22.45	40.73
		598	118	44	38	152	352	83	162	245	19.73	33.52
12 mos' duration and less . .	Males,	266	176	17	3	27	223	27	16	43	66.17	78.92
	Females,	175	110	8	1	22	141	25	8	33	62.86	78.01
		441	286	25	4	49	364	52	24	76	65.85	78.57
Duration unknown . .	Males,	92	31	6	6	18	61	11	21	32	33.70	50.82
	Females,	54	19	2	3	17	41	9	5	14	35.19	46.34
		146	50	8	9	35	102	20	26	46	34.25	49.02
All durations	Males,	711	270	44	37	150	501	82	128	210	37.97	53.89
	Females,	474	184	33	14	86	317	73	84	157	38.82	58.04
		1185	454	77	51	236	818	155	212	367	38.31	55.50

We do not recollect a table similar to the one below. It contains interesting materials for comparison, and has been obtained from the most authentic sources :

NAME OF ASYLUM.	STATE.	No. Patients accommodated.	No. of Acres of Land.	Cost of Construction.
Hartford Retreat, -	Connecticut,	200	77	\$105000 00
Insane Hospital, -	Maryland,	130	12	213600 00
Mount Hope Hospital,	Maryland,	120	18	100000 00
Pennsylvania Hospital,	Pennsylvania,	230	113	330000 00
Friends' Asylum, -	Pennsylvania,	60	62	85593 38
1 State Asylum, -	New York,	450	140	517000 00
1 State Asylum, -	Massachusetts,	400	100	175850 00
2 State Asylums, (a)	Massachusetts,	250	120	177500 00
McLean Asylum, -	Massachusetts,	200	33	321450 00
State Asylum, (b)	New Jersey,	250	111	225000 00
Lunatic Asylum, -	Maine,	175	115	150712 43
Lunatic Asylum, -	Vermont,	375	300	115000 00
Butler Hospital, -	Rhode Island,	140	115	106000 00
Lunatic Asylum, (c)	New Hampshire,	160	125	70000 00
Lunatic Asylum, -	Kentucky,	250	40	154800 00
Lunatic Asylum, (d)	Louisiana,	250	132	130000 00
National Hospital, (e)	Dis't of Columbia,	225	190	200000 00
West. Lunatic Asylum,	Virginia,	400	198	144900 00

(a)—Not completed; estimated cost; land given.

(b)—Includes estimated cost of wings not yet erected.

(c)—Most of land a donation; not completed; estimated cost.

(d)—Not completed; estimated cost.

(e)—Lands purchased and buildings commenced; estimated cost.

In his report to the Directors, Dr. Stribling states that during the past year the institution has been prosperous and useful.

"No disease of a malignant or epidemic nature has assailed its inmates. No case of suicide or of serious injury has occurred. The number of the insane treated and cared for has exceeded that of any previous year. The proportion of recoveries is as encouraging and gratifying as formerly, and the per centage of deaths is considerably below the annual average."

"In this connexion we may report the fact, that of the *one thousand two hundred and sixty-four* unfortunates who have occupied apartments here, and running through a period of more than a quarter of a century, only five cases of self-destruction have been recorded, and that in two of these cases it is matter of serious doubt whether death was not the

result of accident rather than design. Why this asylum should have been thus signally favored in so important a particular, when many of her sister institutions have to deplore almost annually the suicide of one or more of the inmates, might afford matter of most interesting inquiry. We use the fact, however, only to say that it speaks well for the vigilance and fidelity of those here whose duty it has been to guard and protect such as were incapable of properly controlling themselves."

"The asylum has for some years enjoyed the advantages of a male night watch, who is required to guard it from intrusion, protect it from fire, give attention to unusual sounds from within the buildings, visit the sick male patients, and administer medicines and nourishment, or see that the nurse in charge is not sleeping upon his post. This is a feature in the conduct of the asylum which cannot be too highly estimated, and one which, it seems to us, should be wanting in no such institution. But whilst the male watch is thus employed without the buildings and within the male department, it was found that the female inmates required that there should be a watch of this sex provided for the discharge of duties which could not with propriety be entrusted to a male. In an institution of such magnitude, it cannot create surprise that there should be always some, often many, whose mental and physical condition incapacitates them for taking proper care of themselves during the night; whilst there are others, suffering from some acute form of disease, who require the frequent calls of a kind nurse to administer remedies, to impart sympathy and to cheer the afflicted one with the assurance that she is not uncared for or forsaken. The attendant in charge of a class of patients, if, with her many other responsible and wearying duties, she shall have nursed faithfully the sick, from the ringing of the bell in the morning—summoning all to rise—until the signal at night for all to retire, will have done as much as could reasonably or with propriety be required of any one: however energetic or robust, should more be exacted, it must necessarily follow that the duties of the night or of the day, and probably both, will be neglected. Impressed with these views, the directors some short time since authorized us to employ a competent female, to take charge of this department during the night. We regret to report that as yet we have been unable to procure the services of such an individual as we desired for the post. Appreciating, however, its importance, from witnessing almost daily its necessity, we will not cease our efforts until the object be accomplished."

The following historical account is interesting :

"The asylum was established in the year 1825, with an appropriation, to cover the purchase of land and the erection of buildings, of ten thousand dollars. At that day but little attention, comparatively, had anywhere in the United States been devoted to the cause of the insane, and the construction of buildings for their accommodation had occupied little the thoughts of architects or physicians. The board of directors entrusted with the responsible duty of locating, planning and organizing the institution, was composed of gentlemen, who, for integrity of purpose, experience in the practical affairs of life, benevolence and liberality, had few, if any, superiors here or elsewhere. This board, governed, doubtless, in a measure, by the very meagre sum placed at their disposal, but chiefly by the belief that apartments would never,

probably, be needed for more than about seventy patients, so located the establishment as to render any material enlargement impracticable, except by the erection of detached buildings, and commenced it upon a scale which, had the nature of the grounds permitted, would have prevented, in attempts at enlargement, a continuity of building. As the public mind became more and more enlightened in regard to the nature of insanity, its proper mode of treatment, &c., prejudices, which had long existed against asylums for the cure of the insane, began to give way, and those who had kept their friends at home, from a dread of subjecting them to what were conceived to be the horrors of a 'mad-house,' were satisfied that such a dread, if ever well founded, could only have applied to the darker ages. Without, therefore, a necessity for inferring an increase of this malady in the commonwealth, we find that the demand for hospital treatment has so rapidly increased as to render enlarged means of accommodation indispensable. Since the original buildings were constructed, no less than nine additions have been made—these, varying in size, erected at periods variously remote from each other, and authorized by about as many distinct acts of the legislature, the only cause of surprise, it seems to us, which can be felt in looking at an institution which, under the circumstances, has grown from a capacity for thirty-two patients to a size that will afford comfortable accommodations for more than four hundred, must consist in the fact that we find therein so many of the modern improvements calculated to further its benevolent purposes, and that it is so entirely practicable to introduce such others as are required."

"This institution is now one of four in the United States which all admit to be too large; and we cannot suppose that a further increase of its capacity will ever be authorized. We deem it, therefore, our duty to do what we can to add to its usefulness, by suggesting such improvements as seem important, whether as regards the health and comfort of the inmates or economy in the expenditures."

Dr. Stribling concludes his report by enumerating a number of changes and improvements, which he deems advisable, and which are generally adopted in our newly built or newly arranged asylums.

II. *Thirty-seventh Annual Report on the State of the Asylum for the Relief of Persons deprived of their Reason.* Published by direction of the Contributors. Third month. 1854. Philadelphia. 1854.

The minute statistics of an asylum receiving so small a number of patients, and from a particular class in the community, possess more than ordinary interest, and we shall therefore go more into detail in reviewing the report before us.

There were remaining, March 1, 1853,	56
Received during the year,	40
	—
	96
Discharged or died,	39
Remaining March 1, 1854,	57
	—
	96

Of the thirty-nine patients discharged, there were

Restored,.....	15
Much improved,.....	4
Improved,.....	6
Stationary,.....	6
Died,.....	8
	—
	39

Of the fifty-seven remaining, there are

Restored,.....	5
Much improved,.....	4
Improved,.....	9
Stationary,.....	39
	—
	57

Rather more than one half of the admissions have been cases of less than one year's duration. Of these a large proportion have been restored to health. Some interesting facts, illustrating the beneficial effects of hospital treatment in apparently hopeless cases, are given by Dr. Worthington. Two, long afflicted with insanity, have recovered. Another patient, who, from mistaken motives of kindness, had been kept at home thirty years, and, from want of exercise, had nearly lost the use of her limbs, has been so far restored as to be able to walk daily about the grounds, and take pleasure in society. Three sisters are also mentioned who were placed in the Asylum on the same day; one of them, whose disease was of recent origin, has recovered; the other two are improved to such a degree as to conduct themselves with propriety, and to spend their time usefully and agreeably. It is very appropriately remarked, that the wants of those "who are considered hopelessly insane" are still very imperfectly understood. There are hundreds of patients of this description in our country, who are greatly in need of hospital accommodations; and it is surely a duty to provide for them a home, out of the reach of want or oppression.

The following details are interesting, as showing the result of treatment in a given number of recent and chronic cases:

"Several recent cases were under treatment at the time of the last annual report, and twenty-three have been received since. Of these last, however, four were of patients who were affected with severe physical disease, which terminated fatally shortly after their admission, and three were removed by their friends before sufficient time had been allowed to test the effects of their treatment, leaving twenty-three, who, during the course of the year, have been subjected to an uninterrupted course of curative treatment. Of this number, thirteen have been discharged, twelve of whom were restored, and one was much improved, and ten remain; three of whom are restored, one is convalescent, and six are more or less improved and present favorable indications of recovery. Thirteen cases of more than one year's duration have been

under special curative treatment, of whom five were restored, three were improved, and five are stationary. Among the patients of the latter class is a young man who, for five years and a half, has been an inmate of the institution, the greater part of which time was passed in a most distressed condition of apparently hopeless insanity. About a year ago he began to improve, his excitement gradually subsiding until he gained sufficient control over himself to engage in the occupation of drawing. At present he is quite free from any manifestation of insanity, is active and industrious in his habits, and there appears every reason to anticipate his permanent recovery, the only remains of his former disease being an irritable condition of the nervous system, which it will require time to remove, before he will be able, with safety, to leave the sheltering roof of an asylum. Another case of recovery, worthy of particular notice, is that of a middle-aged man, a carpenter by trade, who, for about twelve years, had been a constant source of anxiety and distress to his friends. He was under treatment for nearly a year before any signs of improvement were manifested, at the end of which time he was induced to take a part in the labor of the patients in the garden. He soon began to improve and to show a desire for regular employment. He was then taken to the carpenter's shop, and work put into his hands which he took pride in doing in the best manner. After a period of probation, he was regularly discharged, and has now been employed, for nearly a year, as carpenter to the Institution; is active, industrious, and rational, earning for himself a respectable living, and is altogether a very valuable member of our Asylum community."

We have room only to give the author's views on one of the most frequent predisposing causes of mental derangement, viz., defective training in early life. They require no comment.

"The great increase of institutions for the insane throughout the country has led to the inquiry whether insanity has increased in a more rapid ratio than that of the population. This is a question which cannot at present, perhaps, be answered satisfactorily, but it may be well to look to surrounding circumstances, if, perchance, we may discover in them any reason to fear that the affirmative of the question may be true. In the statistics of institutions for the insane we find prominently exhibited as causes of the disease, domestic trouble, loss of property, grief, anxiety and disappointments of various kinds. The value, however, to be attached to these statistics is lessened from the fact, that they only refer to the circumstances which are supposed to be the immediate agents in producing the attack, while they take no note of the antecedents, which, for a long time, may have been laying the foundations of the disease. I believe the instances are rare in which insanity is produced suddenly in a perfectly healthy individual by any of these causes; but that, previously to the attack there has been, in most cases, some deviation from a healthy condition of body and mind, which has been brought about by the influence of the predisposing causes of the disease. A fruitful source of insanity is the neglect of that kind of training which, at the period when the mind is most capable of receiving them, aims at the inculcation of those principles of religion and morality, and the formation of those habits of self-control, which are the surest

safeguards against the evils of life. How often do we see children indulged by their parents in every whim and caprice, or permitted to follow their own inclinations, until their self-will gains such an ascendancy, that finally the restraints, not less of moral principle than of parental authority, are entirely set aside! Many are the young persons who thus enter upon the world, guided by no law, save that of their own perverse wills, or with tempers so vitiated by indulgence that they are but poorly prepared to bear with fortitude the adverse circumstances they may encounter. These evils are greatly augmented by the reading of works of fiction—often of a positively immoral tendency—by which the imagination is fostered at the expense of the reason and judgment, and the sentiments and passions stimulated to undue activity. False ideas of men and things are thus engendered, in consequence of which individuals, thus placed in a kind of opposition to the realities about them, become suspicious and misanthropic, and often fall victims to insanity. Of a somewhat similar character is the neglect of training the young to habits of industry in the pursuit of some occupation by which they may be able, without undue care and anxiety, to provide for themselves a maintenance, and secure a respectable position in society. How many young men are there whose parents, desiring for them some easier way than what they have themselves walked in, send them from the work-shop or the farm to throng the various professions, in the delusive hope that they will thus be able to earn their bread without the sweat of their face! How large a number of these are sure to meet with disappointment, and, becoming disheartened and dispirited, lose the mental and physical energy they once possessed, and fall into a state of hypochondriasis or melancholy; or, if successful, how many are induced by the desire for wealth or pre-eminence, and in the excitement resulting from the fluctuations of trade, to over-task their brain, until, worn out by excessive and long-continued application, this organ becomes incurably or fatally diseased! These results are hastened by the neglect of those means by which the over-tasked system might be enabled to recover its energies, and by modes of living which have, moreover, a positively injurious effect upon the physical health. Exercise and proper relaxation are seldom thought of, meals are taken hurriedly and at irregular hours, or, occasionally, are omitted *entirely*, or stimulating and indigestible food is indulged in, until the stomach and digestive organs are thrown into a diseased condition, which, reacting on the already sensitive and irritable cerebral organs, is frequently the exciting cause of an attack of insanity. The history of cases which have been sent to the Asylum within the last few years, shows an increasing number of patients who are rendered insane by the causes which have been thus briefly depicted; and as they are in great measure within control, it is to be hoped that the warning which they afford may not be in vain."

III. *The Thirtieth Annual Report of the Officers of the Retreat for the Insane at Hartford, Connecticut.* April 1. 1854.

At the time of penning our notice of this Asylum for 1852, Dr. John S. Butler, the Superintendent, was traveling in Europe for the improve-

under special curative treatment, of whom five were restored, three were improved, and five are stationary. Among the patients of the latter class is a young man who, for five years and a half, has been an inmate of the institution, the greater part of which time was passed in a most distressed condition of apparently hopeless insanity. About a year ago he began to improve, his excitement gradually subsiding until he gained sufficient control over himself to engage in the occupation of drawing. At present he is quite free from any manifestation of insanity, is active and industrious in his habits, and there appears every reason to anticipate his permanent recovery, the only remains of his former disease being an irritable condition of the nervous system, which it will require time to remove, before he will be able, with safety, to leave the sheltering roof of an asylum. Another case of recovery, worthy of particular notice, is that of a middle-aged man, a carpenter by trade, who, for about twelve years, had been a constant source of anxiety and distress to his friends. He was under treatment for nearly a year before any signs of improvement were manifested, at the end of which time he was induced to take a part in the labor of the patients in the garden. He soon began to improve and to show a desire for regular employment. He was then taken to the carpenter's shop, and work put into his hands which he took pride in doing in the best manner. After a period of probation, he was regularly discharged, and has now been employed, for nearly a year, as carpenter to the Institution; is active, industrious, and rational, earning for himself a respectable living, and is altogether a very valuable member of our Asylum community."

We have room only to give the author's views on one of the most frequent predisposing causes of mental derangement, viz., defective training in early life. They require no comment.

"The great increase of institutions for the insane throughout the country has led to the inquiry whether insanity has increased in a more rapid ratio than that of the population. This is a question which cannot at present, perhaps, be answered satisfactorily, but it may be well to look to surrounding circumstances, if, perchance, we may discover in them any reason to fear that the affirmative of the question may be true. In the statistics of institutions for the insane we find prominently exhibited as causes of the disease, domestic trouble, loss of property, grief, anxiety and disappointments of various kinds. The value, however, to be attached to these statistics is lessened from the fact, that they only refer to the circumstances which are supposed to be the immediate agents in producing the attack, while they take no note of the antecedents, which, for a long time, may have been laying the foundations of the disease. I believe the instances are rare in which insanity is produced suddenly in a perfectly healthy individual by any of these causes; but that, previously to the attack there has been, in most cases, some deviation from a healthy condition of body and mind, which has been brought about by the influence of the predisposing causes of the disease. A fruitful source of insanity is the neglect of that kind of training which, at the period when the mind is most capable of receiving them, aims at the inculcation of those principles of religion and morality, and the formation of those habits of self-control, which are the surest

safeguards against the evils of life. How often do we see children indulged by their parents in every whim and caprice, or permitted to follow their own inclinations, until their self-will gains such an ascendancy, that finally the restraints, not less of moral principle than of parental authority, are entirely set aside! Many are the young persons who thus enter upon the world, guided by no law, save that of their own perverse wills, or with tempers so vitiated by indulgence that they are but poorly prepared to bear with fortitude the adverse circumstances they may encounter. These evils are greatly augmented by the reading of works of fiction—often of a positively immoral tendency—by which the imagination is fostered at the expense of the reason and judgment, and the sentiments and passions stimulated to undue activity. False ideas of men and things are thus engendered, in consequence of which individuals, thus placed in a kind of opposition to the realities about them, become suspicious and misanthropic, and often fall victims to insanity. Of a somewhat similar character is the neglect of training the young to habits of industry in the pursuit of some occupation by which they may be able, without undue care and anxiety, to provide for themselves a maintenance, and secure a respectable position in society. How many young men are there whose parents, desiring for them some easier way than what they have themselves walked in, send them from the work-shop or the farm to throng the various professions, in the delusive hope that they will thus be able to earn their bread without the sweat of their face! How large a number of these are sure to meet with disappointment, and, becoming disheartened and dispirited, lose the mental and physical energy they once possessed, and fall into a state of hypochondriasis or melancholy; or, if successful, how many are induced by the desire for wealth or pre-eminence, and in the excitement resulting from the fluctuations of trade, to over-task their brain, until, worn out by excessive and long-continued application, this organ becomes incurably or fatally diseased! These results are hastened by the neglect of those means by which the over-tasked system might be enabled to recover its energies, and by modes of living which have, moreover, a positively injurious effect upon the physical health. Exercise and proper relaxation are seldom thought of, meals are taken hurriedly and at irregular hours, or, occasionally, are omitted *entirely*, or stimulating and indigestible food is indulged in, until the stomach and digestive organs are thrown into a diseased condition, which, reacting on the already sensitive and irritable cerebral organs, is frequently the exciting cause of an attack of insanity. The history of cases which have been sent to the Asylum within the last few years, shows an increasing number of patients who are rendered insane by the causes which have been thus briefly depicted; and as they are in great measure within control, it is to be hoped that the warning which they afford may not be in vain."

III. *The Thirtieth Annual Report of the Officers of the Retreat for the Insane at Hartford, Connecticut.* April 1. 1854.

At the time of penning our notice of this Asylum for 1852, Dr. John S. Butler, the Superintendent, was traveling in Europe for the improve-

ment of his health. We are glad to know that he has returned, and is again in charge of the institution. His foreign impressions deserve notice :

"During the six months vacation which was so kindly granted me by the liberality and indulgence of your Board, I had the pleasure of being able to visit many of the most prominent lunatic hospitals in England and Scotland. I embrace this opportunity to express my grateful sense of the cordiality and courtesy with which, as the superintendent of one of the oldest lunatic hospitals in the United States, I was everywhere received, and with the frankness and promptitude with which the details of the different institutions were shown. Every door was opened, and every department freely exhibited, evidently giving me the credit of 'coming to learn the advantages of their institutions, and not to seek for demerits or matter of cavil.'

"My reception at some of them was more like that due to an old friend than to a stranger, and was a pleasant recognition of that kindly community of feeling which springs up in every liberalized mind toward those who are fellow-laborers in the same great commonwealth of philanthropy.

"It is evident, from a variety of causes, a spirit of improvement is pervading these hospitals. A great impetus has of late years been here given to this department of human effort, and the most beneficial and gratifying results have been attained.

"It is not expedient, in the narrow limits to which I desire to restrict this report, to go into a consideration of these causes. It is sufficient for my present purpose to say, that, notwithstanding, a few years since our leading institutions were not surpassed by the best of theirs, it is very evident to me that we have now none which will compare with some of those lately erected there.

"In the older hospitals there was manifest improvement in the buildings where original defects could never be wholly remedied.

"In the new institutions, those erected within a very few years, or just going into operation, I found a beauty of structure with a thoroughness and perfection of arrangement which I have never seen equalled elsewhere. Among these it will not, I hope, be invidious to mention the asylums at Prestwich and Cheadle, near Manchester; at Mickleover, near Derby; at Clifton, near York, and the new asylum at Stafford.

"It was evident that, in these new asylums, no pains had been spared to obtain, in the first place, the most unexceptionable plans. The highest authorities were consulted and their conclusions referred to the scrutiny of other practical men; the errors of preceding structures were avoided, and every improvement as readily adopted, with the single desire to obtain the best. It is evident that, generally, each succeeding structure contains improvements on its predecessors.

"Once adopted, the plans have been carried out without that curtailment and distortion which, sometimes, in this country has produced such unfortunate results.

"In some instances it is evident that undue expenditure has been incurred to produce external effect; but, in the internal arrangements especially, it is clear, that while in county asylums everything is plain

and simple and unpretending, that is deemed, in all, the best and wisest economy which, in the long run, shall best effect the desired object.

"The chief points of excellence were extensive, well laid out and carefully planted firing-courts and pleasure-grounds, and sufficiency of cultivated land for out-of-door employment. Spacious, airy and well-ventilated apartments, the extensive application of steam to every available purpose—cooking, pumping, heating, ventilating, &c.;—and open fire-places in every admissible room. The most important of all was the extensive arrangements made for the manual employment of the inmates, both within doors and without. There were work-shops for the different trades, in some of which these trades had been successfully taught, and in many the amount of work performed showed that the shops were sources of profit to the institution, as well as of beneficial employment to the patients.

"Another feature which struck me most pleasantly was the construction, in several hospitals, of a large and handsome room expressly for the social gatherings and amusements of the patients. My attendance at some of these festival occasions is among the most pleasant reminiscences of my visit. A large amount of profitable out-of-door labor was insisted upon in many, and the amount accomplished in some instances was highly creditable."

The statistics of the Asylum are here presented:

	Males.	Females.	Total.
Remaining at the beginning of the year,.....	80	90	170
Admitted during the year,.....	74	103	177
Total number in the course of the year,.....	154	193	347
Discharged recovered,.....	22	42	64
" much improved,.....	9	16	25
" improved,.....	7	10	17
" unimproved,.....	14	19	33
Died,.....	13	9	22
Total discharged during the year,.....	65	96	161
Remaining in the Retreat, April 1st, 1854,....	89	97	186
Whole number admitted up to April 1st, 1854,	1266	1369	2635
Whole number discharged, in the same period,	1177	1272	2449
Whole number remaining,.....			186
			2635

Dr. Butler refers to the rules in regard to the admission of patients at the Retreat. Neither order of court, certificate of physicians, or written application of friends are now required. The responsibility of the admission and retention of every patient rests wholly with the Superintendent. This is thought undesirable, and it is recommended

that hereafter patients shall only be received upon the written application of friends, and a certificate from one or more physicians. We conclude with an extract, urging the importance of mental occupation and amusements :

"In my previous reports, I have earnestly called the attention of the Board to deficiencies in the institution, the most important of which have been or are about to be remedied. Others present themselves to my mind, to which I would ask your consideration, could I do so consistently with my knowledge of the narrow and limited means of the Retreat.

"There are inconveniences which I would gladly see remedied, facilities of treatment which I would gladly possess, but which I cannot ask, dependent, as we are, upon our narrow income. On the contrary, I think it a matter of justifiable self-gratulation, that with so little aid from without your Board has been able to accomplish so much, and that such liberal and pleasant provision for the most important wants of the patients has been made."

"As I have observed, but little beyond the means of erecting buildings, compared with our necessities, has come to us from either of these sources, whilst there are but few objects which would seem to have a more reasonable claim upon benevolence than a charity by whose agency so much of disease has been eradicated and so much of suffering removed. In these days of singular prosperity and of the unusually rapid accumulation of wealth, those who are thus favored of Providence as the stewards of its bounty, may do well to remember that insanity is no respecter of persons, that it comes alike to all conditions of life, that its causes are in active operation among all classes of society, and that, in the course of an inscrutable Providence, they or their families may be receiving the healing influences of those very means with which their own charity has provided us. This has happened in more instances than one.

"In my report for 1851 I called your attention to the fact that suitable mental occupations and amusements are still the great wants of all our lunatic asylums. It is comparatively easy to provide physical occupation for either sex, but far more than this is demanded. As I then remarked, it is by those higher means that many dormant faculties are to be roused, memories to be strengthened, and many wandering minds to be won from their distempered fancies and fixed upon new objects of interest.

"In addition to the schools which I then recommended, in which the teachers could act as readers and visitors, and whose importance has not diminished in my estimation, a green-house would be a never-ending and ever-varying source of delight, especially to our female patients; and one of our old lodges, about to be vacated, could be converted into one at no great expense. I would gladly see a small library in every ward, and pictures and prints upon all our walls. Nothing gives a more cheerful, kindly and pleasant aspect, even to a room otherwise cheerless, than pictures and prints hung around it, and I should rejoice to be able to fill every vacant and appropriate space in our house with them. I have spoken thus freely at the suggestion of friends who have said that if our wants were known they would be responded to. Certain it is that the

ordinary revenues of the Retreat will not justify a direct appropriation for these objects, and we must dispense with their use unless supplied by private munificence.

"Additional musical instruments, and additions to our magic lantern apparatus of dissolving views, &c., would be of great use to us. In some asylums a large room is devoted as a museum, where objects of curiosity, specimens in various departments of natural history, &c., are collected, and which is also made to serve the purpose of a reading-room, supplied with books, prints, pamphlets, newspapers, games, &c. We have already some beautiful shells and minerals, which we have not arranged for want of such a room."

IV. *Annual Report of the Trustees and Superintendent of the State Lunatic Hospital of Pennsylvania, at Harrisburg, for 1853.* Harrisburg. 1853.

This is the third annual report of this institution, and the Trustees remark that:

"From the opening of the institution the number of patients has increased quite as rapidly as was desirable in the unfinished state of the buildings and without the proper enclosure of the patients' pleasure-grounds. Even at this rate of increase the Hospital will be entirely full, and the wants of the community still only partially supplied, in less than two years from the present time."

The Superintendent, Dr. Curwen, reports as follows:

	Males.	Females.	Total.
Remaining Dec. 31, 1852,	59	47	106
Admitted during 1853,	95	68	163
	154	115	269
Discharged recovered,	27		
" improved,	15		
" stationary,	21		
Eloped,	7		
Died,	17		
	87		

We have space for a few extracts, which we give without comment:

"The plan of introducing small libraries into each of the wards, to which the patients can at any time have access, has been commenced, and it is hoped that through the liberality of friends of the insane, we may be able so to extend it as to place in each ward a number of books suitable to the class of patients. Many patients may thus be induced to spend a portion of their time in reading, by having books before them where they can procure them at any time, who would otherwise be listless, and, in many cases, for want of some amusement or occupation, be mischievous.

"Pictures of a cheerful character hung on the walls, and mottoes sug-

gestive of pleasant ideas and printed in large letters, have been introduced into the wards, more particularly of the excited classes. These serve, with a large number of patients, to divert the mind, and change, for a time, at least, the current of thought and feeling into other and more pleasant channels.

"To remove, as much as can be done in a hospital for the insane, the feeling constantly presenting itself of restraint and seclusion, every endeavor has been made to impart to the wards for the more quiet and convalescent patients an air of cheerfulness and domesticity.

"Much yet remains to be done in the way of providing amusement and occupation for all classes of patients; but, availing ourselves of everything which science, art and ingenuity can provide, we can strive after perfection, though it may not be our good fortune fully to attain it."

"The museum and reading-room buildings, for the erection of which, it was stated in the last report, a portion of the Philadelphia fund was placed at my disposal, have been finished. They are built of brick, cemented on the outside, and are forty-two feet long by twenty-five feet wide, and fifteen feet six inches to the square. A portico runs nearly the whole length of the front, from which a very pleasant view is obtained of the landscape in front. The roof is of tin, and the centre is raised into an ornamental structure so as to afford the means of giving abundant light to the interior. The buildings are heated by a hot-air furnace placed in the cellar. Being designed as ornaments to the grounds, as well as for objects of interest and amusement to the patients, by the curiosities, &c., to be placed in them, they have been made as handsome and ornamental as compatible with their design and the amount of funds at command. They are placed one on either side of the front of the building, easily accessible from the wards of the sex for which they are intended.

"It is expected during the coming season to arrange the ground around them, with the view of planting it with shrubbery and flowers, and thus add to their beauty and attractiveness.

"It is proposed, so far as can be done, to procure the mineral and geological productions of the different parts of the Commonwealth, and to give to each county as much room as may be needed to exhibit the specimens obtained."

Appended to the report are the resolutions in regard to the construction and organization of insane hospitals, adopted by the Association of Medical Superintendents of American Asylums, and various official forms regulating the admission of patients.

V. The Eleventh Annual Report of the Mount Hope Institution, near Baltimore, Md., for the year 1853. By William H. Stokes, M. D. Baltimore, 1854.

This institution, as stated in previous notices, comprehends two departments; one, the department of the insane, the other of general diseases. The whole number of patients treated in the former has been fourteen hundred and thirteen.

The institution is unaided and unendowed by the State and is conducted with great zeal and devotion by the Sisters of Charity alone.

There were :

	Males.	Females.	Total.
Remaining January 1, 1853,.....	23	62	95
Admitted during the year,.....	48	72	120
	81	134	215
Discharged recovered,.....	15	15	30
“ much improved,.....	12	14	26
“ unimproved,.....	2	7	9
Died,.....	8	10	18
	37	46	83
Remaining January 1, 1854,.....	45	87	132

The above table shows a large number of patients discharged much improved, compared with the number of recoveries. This is partly attributable, no doubt, to premature removals, as the law gives the officers of the institution no authority to retain patients, even when every consideration of humanity demands that they should be allowed to remain until fully restored to health. Dr. Stokes remarks at considerable length upon this subject, and urges the importance of a continuance in the institution for some time after the patient has returned to his usual habits. The regularity, order and seclusion of an asylum are deemed requisite to secure a healthy tone of the mental faculties and relieve them from their susceptibility to disordered action. Especially in cases in which a homicidal or suicidal inclination has existed, early removals are considered hazardous. In one case where suicide had been attempted, and the escape from death was almost miraculous, the patient was removed contrary to advice and before complete recovery; the consequence was a relapse, a renewed attempt at suicide and return to the Hospital. Another case is given of puerperal mania, with complete perversion of all natural affection. She had attempted to kill her children previous to her admission. After a few weeks' treatment she was visited by her husband, and, deceived by her apparent recovery and persuaded by her entreaties, he removed her in defiance of every warning. A few weeks subsequently she murdered her child.

Several patients were removed because of the inability of the friends longer to defray their expenses.

Of the deaths, three were of acute mania, four of exhaustive mania, three of apoplexy and two of epilepsy.

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Of the deaths, three were of acute mania, four of exhaustive mania, three of apoplexy and two of epilepsy.

The following remarks upon the ages at which insanity is most likely to occur in our country are interesting.

"We gather from the observations of the most experienced writers on the subject of insanity—those who have most carefully examined this question in their extensive establishments, that the ages at which insanity is most apt to be developed, are between thirty and forty; next that from twenty to thirty, and from forty to sixty. This statement, made by Esquirol, perfectly accords with the returns from this institution, as it will be perceived that the large number of sixty-seven were between thirty and forty years of age, whilst forty-seven, the next highest, were between twenty and thirty, and forty-five between forty and fifty.

"We seldom witness mental derangement before the age of puberty. The instances in which any form of insanity occurs at any epoch before puberty are very few. We have but three in the house under twenty—one a female, aged eighteen, whose mental energies were prostrated by a severe attack of fever in infancy; another a boy fourteen years of age, manifesting imbecility and dementia, in whom the affection is congenital; another aged thirteen, whose mental disorder resulted from an injury received from a fall in infancy. In this case the effect of the fall on the head was, no doubt, to give rise to a chronic inflammatory action in the membranes of this structure. The mental affection did not manifest itself until many years had elapsed after the receipt of the injury, and now it is associated with epileptic seizures. During the long interval a species of moral insanity has manifested itself, the child being morbidly irritable—addicted to violent explosions of temper, when he loses all control over his feelings and actions. As epilepsy or insanity may result in after-life from a fall on the head in infancy, we are taught the importance of watching closely every such case; and when symptoms referable to cerebral irritation manifest themselves, effectual measures should be adopted to arrest the impending evil.

"Another important topic connected with this subject is *the periods of life* that betray the greatest susceptibility to the *different forms of insanity*. It is generally believed, and no doubt with truth, that active mania, in all its forms of excitement, appears chiefly in early life; melancholia in middle age; and dementia in the advanced epoch of existence. In youth, insanity is wont to assume an active and violent course, and often terminates by some remarkable crisis; in middle age it is more prone to become chronic, and is more frequently complicated with disorder of the abdominal viscera. At an advanced age it is apt to pass into dementia, and to be complicated with paralysis, apoplexy, &c., and recovery is much less to be expected."

The tables showing the form of disease, and supposed causes, with comments upon them, occupy several pages. Dementia is the most frequent form, next in order come mania and melancholia. Moral causes are thought to preponderate over the physical in the production of mental disorders. In speaking of predisposing causes, he says:

"*Defective education and injudicious early training* is recorded as the sole cause of insanity in eight cases. This doubtless constitutes a remote cause in hundreds. In numerous instances the foundation of

insanity is laid in childhood, by the neglect of parents to instill the importance of a just control over the feelings and emotions. Especially when there exists a hereditary susceptibility to insanity, every means calculated to strengthen the mind and the body at the same time, and to bring the affections and passions in complete subjection to the reasoning faculties and the moral sentiments, should be commenced at the earliest period of life, and perseveringly followed up, in order to establish as perfect a balance of the understanding and intellectual powers as possible. In a malady entailing in its train consequences, both remote and immediate, of a nature so deplorable, prophylactic and preventive measures are entitled to the first consideration. When the insane diathesis is known to prevail, were they subjected to a regulated and wholesome discipline whilst the mind is expanding, much could be accomplished towards correcting and counteracting it. Physicians, familiar with the insane well know that the most intractable and troublesome cases are those who inherit this predisposition and who have been allowed every indulgence in early life. In such cases parents have little conception of the nature of the evils they are engendering for their favorite children, by giving way to their caprices and fancies, and fondly gratifying all their wishes. In the education and training of children generally, it is wise and proper to deny them something for the sake of discipline, and to allow rather a moderate indulgence of their inclination, than a full and uncontrolled gratification of them. A high character cannot be formed without its having been taught to practice self-denial, and to curb, within reasonable bounds, the affections and passions. A person who has not been duly controlled in childhood is ill able to endure the vicissitudes and reverses to which active life exposes him in the present state of society; his passions being thereby deprived of a salutary curb, and the reason of its surest prop, insanity often follows upon the least adversity. For the want of this judicious training, many, possessed of high and noble attributes of character, are forced to undergo, when too late, the moral discipline that, earlier commenced, would have saved them from ending their days, and blighting their reputation by being restricted in their liberties and confined in a lunatic asylum. This tendency is promoted, too, by the manner of living in the easier classes of society—the passion for dress, for exciting romances, for intrigue, for frivolities and amusements. Thence results a constant thirst for excitement, and the proneness to nervous complaints and mental disorder are fearfully augmented. Early training—early mental discipline—self-control—self-denial—mastery over the passions; how much of our future welfare and happiness depends upon the steady cultivation of such habits of mind!”

The report concludes with a reference to the medical and moral treatment of the insane. The same general plan has been pursued as in former years. A deserved tribute is also paid to the Sisters of Charity for their “zealous devotion to the afflicted and suffering.”

VI. *Reports of the Trustees, Treasurer and Physician of the Tennessee Hospital for the Insane. Transmitted to the Legislature on the 6th November, 1853. Nashville, 1853.*

The Trustees report that they have appointed Dr. William A. Cheatham Superintendent. His term of service is fixed at eight years, and the law gives him the appointment and control of all subordinate officers and assistants in the Hospital.

From his first biennial report we gather the following information In November, 1847, the philanthropist, Miss Dix, visited Nashville, and finding the accommodations for the insane inadequate to their wants, she memorialized the legislature upon the subject. Her efforts were successful. An act was passed in February, 1848, establishing a hospital for the insane, and empowering the governor to appoint commissioners to select and purchase a site, create a superintendent and architect, and do what was necessary to carry out promptly the wishes of the legislature. The governor accordingly appointed commissioners, and a farm was purchased about six miles from Nashville, containing two hundred and fifty-five acres. We copy the description of the building erected thereon, as given by Dr. Cheatham.

"The site being secured, Dr. John S. Young was appointed Superintendent, and Maj. A. Heiman, Architect of the buildings to be erected. Soon after the appointment of Dr. Young, he visited various institutions in the northern and eastern States, for the purpose of acquiring necessary information. In August, 1848, he reported two plans to the Commissioners, drawn by Maj. Heiman. The first plan was taken from the New Jersey Asylum, at Trenton; the second, from Butler Hospital, at Providence, Rhode Island. Maj. Heiman made a slight change in the architectural style of the latter, although the internal arrangements are similar to the Butler Hospital. This institution was erected under the superintendence of Dr. Bell, of the McLean Hospital, near Boston; and the plan was copied by Dr. Bell, when on a visit to England, from the Asylum at Maidstone. This plan was adopted by the Commissioners. The style of architecture is the castellated. The length of the building is three hundred and twenty feet front, east to west. The greatest breadth across the centre is ninety-eight feet. The centre building and the extremities of the east and west wings are four stories high. The body of each wing is three stories high. The first floor is four feet above the ground, which, descending towards the wings and rear, affords convenient entrances to a basement story eight feet in height. The first and second stories are twelve feet high, the third eleven feet, and the fourth ten feet in the clear. The building is embellished with fourteen octagonal towers, five feet and three inches in diameter, which are placed on the corners of the centre building; and wings rising eight feet above the battlements, which range from tower to tower around the whole building. These towers are used for various purposes. Two are chimneys; several are employed as conductors of the water

from the roofs, and several as ventilating shafts. From the centre building rises an octagonal tower, fifteen feet in diameter, which ascends twenty-five feet above the roof, terminating in battlements, and giving an elevation to the building of seventy feet. The rooms on the first floor of the centre building, are occupied for a parlor, reception-room, library, and private dining-room. On the second floor of centre building, physicians' private apartments, and a neatly furnished room for Miss Dix, whenever it shall comport with her convenience to visit the institution. On the third floor, apothecary's room, and chambers for quiet and convalescent patients, with their special attendants. The fourth floor is occupied for purposes similar to the third. There is, also, a neat and comfortable chapel attached to the centre building, thirty-six feet long by twenty-four feet wide, capable of seating one hundred and fifty persons, and entered from the main hall on the second floor. Each floor of the centre building has a transverse hall, and a large and convenient staircase. These halls are crossed at right angles, on each floor, by others running longitudinally ninety-two feet long and twelve feet wide, terminating in the corridors in the wards, which are of the same width. When the doors, which divide the centre building from the male and female wards, are open, a corridor is presented of two hundred and seventy-six feet in length, terminated at each end in a room occupied by attendants. From the corridor on each floor, in the wards, the dining-rooms, single bed-rooms, bath-rooms, water-closets, clothes-room, sitting-rooms, dormitories, etc., are entered. The single rooms are twelve by eight feet in size. The dining-rooms have dumb-waiters, which come up from the basement, (where the food is prepared,) by simple machinery, and supply the patients with their meals. The arrangement of the first, second and third floors is precisely similar, each containing thirty-eight rooms, including dining-rooms, clothes-room, water-closets, etc. In the fourth story there are eighteen rooms; making, in all, one hundred and thirty-two rooms, exclusive of basement, which contains kitchens, bake-room, ironing-room and store-rooms."

The Hospital is warmed by hot-air furnaces. A supply of water is obtained from springs near the building. It is first collected into a common reservoir and then forced by a steam engine into a large tank in the dome. The Hospital was opened for the reception of patients in March, 1852. Including sixty, who were in the old building, there have been admitted since that time to the first of October, 1853, one hundred and eleven males and sixty-five females—total, one hundred and seventy-six.

	Males.	Females.	Total.
Discharged restored.....	31	11	42
" much improved.....	6	7	13
" improved.....	4	1	5
" unimproved.....	3	2	5
Eloped.....	1	1	2
Died.....	4	5	9
	49	27	76
Remaining Oct. 1, 1853.....			100

Following this table are explanatory remarks at some length. The crowded condition of the institution is noticed, and attention called to the dangers arising from it. The usual statistical tables are presented, and the report closes with a statement of the farm and garden products, and the manner in which patients are employed. Labor is only regarded as a means of cure. We give the concluding paragraph of the report:

"In conclusion, the undersigned, in justice to himself, begs permission to add, that, up to the period of his appointment, he had given the speciality only such attention as is common with the generality of practitioners. He was suddenly transplanted from a general and miscellaneous practice into a new field, without specific training or apprenticeship to its requirements. The buildings were unfinished, and the appurtenances, like himself, new and untried. A large number of the patients submitted to his charge were such as had accumulated years previous in the old asylum. Under all the circumstances of the case, therefore, the success which an overruling Providence has vouchsafed to him, thus far, while it fills him with gratitude, inspires him with a determination to do whatever industry and energy, under Providence, can achieve with the means at his disposal, for the amelioration of that class of unfortunate beings which a God of mercy has submitted to his ministration."

VII. *Fifteenth Annual Report of the Board of Trustees for the Benevolent Institutions, and of the Officers of the Ohio Lunatic Asylum to the General Assembly of Ohio, for the year 1853.* Columbus, 1854.

The report of the Trustees includes notices of the State institutions for the deaf and dumb, the blind and the insane. The notice of the Lunatic Asylum is very brief. Appropriations are asked for to defray the annual expenses of the institution, and some improvements are recommended.

The Superintendent, Dr. Kendrick, presents numerous statistical tables, from the first of which we learn that there were :

	Males.	Females.	Total.
Remaining in the Asylum, Nov. 15, 1852, .	130	130	260
Admitted during the year,.....	110	129	239
Total treated during the year,.....	240	259	499
Discharged recovered,.....	71	62	133
" improved,.....	16	13	29
" unimproved,.....	26	35	61
Died,.....	12	12	24
Total discharged,.....	125	122	247
Remaining in the Asylum, Nov. 15, 1853, .	115	137	252

The number of admissions and discharges are less than in previous years, while the number of recent cases treated and the recoveries are greater. An unusual amount of sickness has prevailed, which is attributed to the imperfect drainage.

"In addition to the usual physical diseases incident to all hospitals for the insane, we have been visited during the last season by an endemic fever of a mixed character, commencing about the middle of July, attaining its height about the middle of August, and continuing sporadically up to the present time.

"Though commencing as a common bilious remittent, owing to the hospital tendency, after the first few days it assumed the typhoid or typhus type, and again, in the case of convalescents, at the end of two weeks, reassumed the remittent form.

"Among the patients there were in all 31 cases; the great majority occurring in the male department. Of these but one terminated fatally. There was, however, an additional case of congestive remittent, commencing July 26, and running a rapid course to a fatal termination.

"Out of this number, through the renovating influence of physical disease, and the necessary remedial agents used for their recovery, 13 were restored to reason, concurrently with their convalescence from the fever. Several were also much improved mentally, but again relapsed. Two of these cases would probably have done well, had not unpropitious circumstances interposed to disturb their equilibrium before the mind had resumed its accustomed tone. One was removed too soon by friends; the other, while in the Asylum, heard of the death of his father.

"In all these cases, even in the demented, the mind seemed more clear during the attack (attributable, perhaps, to the excitement of fever) than when in usual physical health.

"The duration of insanity in those mentioned above as restored, ranged from five to eighteen months.

"This disease was not confined to the patients; its baneful influence extended to every department. Fifteen of the help were prostrated by its power. Our steward and esteemed friend, L. A. Curtiss, alone fell a victim. At an early age, in the dawn of vigorous manhood, he was suddenly stricken down, and his generous spirit called to pass from among men. In him the institution has lost an efficient officer, its inmates a warm-hearted, sympathizing friend. The fact that he left no enemies behind him is his best eulogy.

"This fever had, I think, an obvious local malarious origin. In digging the numerous ditches through our courts and basements for the various steam and water pipes, the sub-soils, charged with the accumulated impurities of years, were freely exposed, and their noxious effluvia constantly imbibed by all. Besides, our ill-constructed sewer and most offensive cess-pools, by their frequent obstruction and overflow, seem sources sufficiently rife with malaria to impregnate a whole community.

"In the first stage of the disease, alteratives, aperients and diaphoretics were given; when typhoid symptoms became manifest, tonics and stimulants were added, and upon the return of the remittent form, antiperiodics followed by tonics were resorted to. Throughout, the

medical treatment was accompanied by mucilaginous drinks and a mild, nutritious diet."

We have not space for a detailed notice of the tables and comments that follow. They embrace all subjects usually presented in tabular form. In the appendix Dr. Kendrick describes at length the repairs and improvements made during the year. Some progress has been made towards warming and ventilating the building by steam, and an additional appropriation is asked for to complete the work.

The erection of an infirmary, for which a small appropriation has already been made, is deemed of great importance. Twenty thousand dollars will be required for the purpose.

This report also contains the by-laws of the institution, and the reports of the chaplain and treasurer.

VIII. *Report of the Trustees, Steward and Superintendent of the Insane Hospital at Augusta, Me., 1853. Augusta, 1854.*

The Trustees report that the repairs of this hospital—which was nearly destroyed by fire three years since—have been completed. It is more commodious than it was previous to its partial destruction, and as it is now warmed by a hot-water apparatus, it is much less exposed to the recurrence of a similar accident. But no system of warming, however perfect, can remove all the sources of danger from fire to which our insane hospitals are exposed, and we deem it of great importance that those hereafter to be erected should be fireproof.

The commissioners appointed by the legislature to rebuild the hospital adopted most of the improvements recommended by Dr. Bates, the late Superintendent. He had been appointed by the governor and council to visit the principal asylums of the United States, and ascertain what improvements had been made in their construction. His report is favorably mentioned by the trustees, and they state that :

"The building is now well ventilated and warmed. The arrangements for these purposes have proved satisfactory. Hot water being substituted for heating, instead of furnaces, the hospital is considered more secure against the former calamity of fire. In making the arrangements for heating and ventilating, the Trustees are greatly indebted to the advice of Dr. LUTHER V. BELL, of the McLean Asylum, who had paid great attention to the subject, and who very cheerfully bestowed much time in communicating the knowledge which he had acquired on the subject. The warm air is now admitted near the ceilings of the galleries, and thus a uniform temperature is diffused throughout ; and the patients are no longer able to crowd round a current of highly heated air, to the injury of their health, as was formerly the case. Pure air is now circulated through the galleries, and the foul air withdrawn, without the necessity of open windows."

We call the attention of our readers to the following extract from the trustees' report, which illustrates the sad effects of inefficient laws, and the importance of making suitable provision in State hospitals for all the insane.

"There is another subject, which concerns the public at large, more than the officers and trustees of the hospital, to which your attention is earnestly requested. They refer to the removal of patients, who continue of unsound mind. Formerly patients could only be removed with the consent of the superintendent, with an appeal from him to the trustees. By the act of August, 1847, an appeal was given to two justices of the peace and quorum, whose decision was final. By the act of August, 1849, this appeal was taken away, and the selectmen of towns and the mayor and aldermen of cities, might inquire into the reasons of detention, and, if they thought proper, remove the patient. Practically, no inquiry is made; but the selectmen of some of the smaller towns remove the patients, without any regard to their cure or wellbeing, whenever they can get them supported cheaper than at the hospital. A mournful illustration of this has recently occurred. Michael Ward, of Whitefield, in a fit of insanity, struck his brother with an axe, and deprived him for life of the use of one of his arms. He was, thereupon, sent to the hospital. Soon after the passing of the act of August, 1849, the selectmen of Whitefield took Ward from the hospital, though warned by the superintendent of his dangerous character, and that insane persons with a homicidal tendency could never be trusted, as they had been known to commit murders after long periods of apparent sanity and quietness. Upon the principle of economy, Ward was set up at auction by the selectmen of Whitefield, to be kept by the lowest bidder. Michael Skane, a friend and countryman, fearing that he would not be properly taken care of by the person to whom he was knocked off, after consulting his wife, was led, by a feeling of compassion for a fellow-countryman, to take him at the low price at which he was bid off. His humanity cost him his life. Ward, in a fit of frenzy, killed his friend who had been taking care of him, and then absconded. He has been very recently captured, and is now in Wiscasset jail, awaiting to take his trial at the supreme court. The trustees would, therefore, most earnestly urge the repeal of the law of August 14, 1849."

From the report of Dr. Henry M. Harlow, the present Superintendent, we gather the following statistics :

	Males.	Females.	Total.
Remaining Nov. 30, 1852,.....	50	34	84
Admitted during the year,.....	65	59	124
	115	93	208
Discharged recovered,.....	28	17	45
" improved,.....	8	6	14
" unimproved,.....	7	8	15
Died,.....	11	4	15
	54	35	89
Remaining Nov. 30, 1853,.....	61	58	119

Of ten hundred and thirty-three patients treated since the opening of the Asylum in 1840, there have been:

Second admissions,.....	194
Third ".....	50
Fourth ".....	17
Fifth ".....	11
Sixth ".....	5
Seventh ".....	5
Eighth ".....	2
Ninth ".....	1
	<hr/>
	285

Total number discharged recovered,..... 404

Dr. Harlow, after a brief reference to the medical and moral treatment of the insane, describes at length the warming apparatus, and concludes his report by asking for an appropriation to procure a more abundant supply of water, and to light the building with gas. He also recommends the erection of a new wing for female patients.

IX. Reports of the Board of Visitors, Trustees and Superintendent of the New Hampshire Asylum for the Insane. Concord, 1854.

The trustees commence their report with some remarks upon the utility of asylums, and refer to the history of their own institution in confirmation of the views they express. Since its opening in October, 1842, the records show that eleven hundred and ninety-nine patients have been received, and about sixty per cent. of this number are reported wholly or partially restored to mental health. The number of patients has gradually increased, and, notwithstanding the enlargement of the institution to more than double its original capacity, its accommodations are now insufficient; indeed it is crowded to such a degree as to materially impair its usefulness. An addition to the building is recommended. They also ask for an appropriation to warm the house by steam. Furnaces are now used, and much inconvenience has been experienced from them.

The Superintendent, Dr. Tyler, states the past year to have been one of usual prosperity. Many who were in the institution at the commencement of the year have recovered and returned to the ordinary duties of life. There were:

	Males.	Females.	Total.
Under treatment, May 31, 1853,.....	70	73	143
Received since, to June 1, 1854,.....	72	69	141
	<hr/>	<hr/>	<hr/>
Whole number under treatment,.....	142	142	284

	Males.	Females.	Total.
Discharged recovered,.....	34	29	63
" partially recovered,.....	14	10	24
" unimproved,.....	12	10	22
Died,.....	7	7	14
Whole number discharged,.....	67	56	123

Next follow tables of the assigned causes of insanity, the counties from which patients have been received, and the statistics of the asylum from its opening in 1843. The institution has been constantly full, and there are now more insane persons in the State, taken care of by friends or guardians, than the asylum contains. The defects of a portion of the house are noticed in the following extract :

" You are well aware of the unfitness of the rooms in the cottage for the purpose for which they were built, and for which, from necessity, we constantly use them. Most of the apartments are illy lighted and ventilated, and in nowise calculated by their *cheerfulness* to aid in counteracting whatever evil and filthy habits their occupants may have acquired. Very few patients *require* close confinement or strength of masonry and iron to hold them. There are but very few who could not, with perfect safety, be allowed as much liberty as a majority of those we have in the house, and who would not gain in self-respect, and be benefited every way by intercourse with their fellows, and by free access to the light and air. Better accommodations for this, our most troublesome class of patients, are imperatively demanded. We can in almost no case infallibly pronounce a person incurably insane; certainly the records of the asylum for the year show the recovery of some whose improvement seemed impossible, and whose present condition among their friends in perfect health and soundness of mind seems a miracle. But must we neglect the comfort and happiness of such persons, even if they do present every evidence of permanent insanity? Is it not the highest benevolence to bestow on those who cannot care for themselves the kindest attention, and all such means as may add to their few sources of happiness?"

The remaining pages of the document before us are taken up with remarks upon the necessity for additional accommodations, and the best way of providing for the daily increasing wants of the insane in New Hampshire. Some improvements in and about the buildings and upon the farm are noticed in conclusion.

X. Seventeenth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane. Brattleboro', August, 1853.

This report, like all those from Dr. Rockwell, is brief and to the point. During the past year five hundred and ten patients have been under treatment.

Remaining August 1, 1852,.....	351
Admitted during the year,.....	159
<hr/>	
Total number in the asylum,.....	510
Discharged recovered,.....	72
" improved,.....	10
" unimproved,.....	13
Died,.....	43
<hr/>	
Total number discharged,.....	138
Remaining August 1, 1853,.....	372

The year has been one of usual prosperity. No suicide or other serious accident has occurred; and, except for a few weeks in the spring, a good degree of health prevailed.

The small pox made its appearance in one of the female wards in March, and continued for about ten weeks. One nurse and twenty-seven female patients were attacked by it; but only one female, seventy-two years of age, died. None of the male patients were affected. In what manner the disease was introduced is still a mystery.

"The medical and moral treatment of each patient is varied by the particular indications of each case. The great principles of our moral treatment are kindness and employment. It is necessary that kindness should be accompanied by mildness and decision, varying according to the peculiarities and temperament of each patient. The employment selected for each should be such as will most interest the mind and divert it from its delusions. It should also be agreeable at the time, and such as will afford pleasant reflections afterwards."

The accommodations have been improved, by the erection of a new wing and the extension of another. About seventy additional rooms have thus been provided.

XI. Fourth Biennial Report of the Board of Administrators of the Insane Asylum of Louisiana to the Legislature, January 1, 1854. Baton Rouge, 1854.

The administrators observe that since their last annual report, (January 1, 1852,) another building has been completed and is occupied by the noisy and violent female patients, for whose accommodation and security it was designed, while the eastern wing of the main building has also been completed, fitted up and furnished.

Still, notwithstanding all these additions, the number of patients keeps pace with them nearly. During the five years that have elapsed since the first opening of the institution, 326 insane persons have been ad-

mitted. According to the seventh census of the United States, made in 1850, Louisiana had 381 insane and idiotic persons, while the present asylum, when completed to the extent contemplated by the original design, will afford accommodations for only about 250 patients and their needful attendants.

The physician makes the following report for the two years :

	Males.	Females.	Total.
Remaining December 31, 1851,	33	45	78
Admitted, 1852,	25	15	40
	58	60	118
Discharged recovered,	2	7	9
Removed,	4	1	5
Eloped,	6	0	6
Died,	6	7	13
	18	15	33
Remaining Dec. 31, 1852,	40	45	85
Admitted in 1853,	50	33	83
	90	78	168
Discharged recovered,	2	2	4
Removed,	2	2	4
Eloped,	1	1	2
Died,	17	10	27
	22	15	37

The above table shows that two hundred and one patients have been in the asylum during the two years specified.

"I cannot say," observes Dr. Pond, the physician, "that this number has been under treatment for insanity; for, as this is a perpetual asylum, affording a home for life to the hopelessly insane, a sufficient number of that class has accumulated in the State to more than occupy the room we now have."

We notice among the causes of death yellow fever and cholera. The two patients who died of yellow fever passed through an infected district on their way to the institution and were ill when received. The disease did not spread in the asylum. Cholera was brought from the city. Diarrhea has been by far the most frequent and troublesome disease.

We close with the following extract, which will give an idea of the legal mode of admission :

"SEC. 11. *Be it further enacted, &c.,* That hereafter, whenever it shall be known to the judge of the district wherein said party resides,

Remaining August 1, 1852,.....	351
Admitted during the year,.....	159
Total number in the asylum,.....	510
Discharged recovered,.....	72
" improved,.....	10
" unimproved,.....	13
Died,.....	43
Total number discharged,.....	138
Remaining August 1, 1853,.....	372

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We close with the following extract, which will give an idea of the legal mode of admission :

"SEC. 11. *Be it further enacted, &c., That hereafter, whenever it shall be known to the judge of the district wherein said party resides,*

by the petition and oath of any individual, that any insane person ought to be sent to or confined in the insane asylum of this State, it shall be the duty of said district judge to issue a warrant to bring before him said lunatic or insane person; and, after proper inquiry into all the facts and circumstances of the case, if in his opinion said lunatic or insane person ought to be sent to or confined in said insane asylum, he shall make out his warrant to the sheriff of the parish in which said lunatic or insane person may reside, commanding him to convey said lunatic or insane person to said insane asylum; for which duty the said sheriff shall have the right to demand the same fees as are now allowed by law for the conveyance of convicts to the penitentiary of the State, which shall be paid out of the parish treasury, upon the order of the district judge, and likewise all other expenses previously incurred in bringing said insane person before said district judge; and the said district judge may hear the case in chambers and decide summarily."

XII. Reports of the Board of Commissioners, and of the Superintendent of the Provincial Lunatic Asylum of New Brunswick, for the year 1853. St. John, 1854.

The Commissioners state that a new lodge for male patients and a wing connecting it with the main building have been erected at an expense of about £3,000. The Medical Superintendent, Dr. Waddell, reports that at the end of the year 1852 there were:

	Males.	Females.	Total.
Remaining in the Asylum,.....	79	53	132
Admitted in 1853,.....	58	34	92
Whole number under treatment,	137	87	224
Discharged recovered,.....	39	13	52
" much improved,.....	4	1	5
" improved,.....	10	5	15
" unimproved,.....	2	1	3
Died,	12	10	22
	67	30	97
Remaining Dec. 31, 1853,	70	57	127

Of the twenty-two deaths, three died of phthisis pulmonalis, five of dysentery, one of disease of knee joint, two of old age, one from inflammation of the brain, three from epilepsy, two from acute mania and five from chronic insanity. Sixteen occurred among the old cases, and six had been inmates of the institution less than one year. One of these was a case of inflammation of the brain, and should not have been removed from home. Dysentery prevailed as an epidemic during the months of October and November, and many suffered under it.

A table is given showing the increased number of admissions during

the past year, and following this is a statement of the number from each county. The average number during the year has been one hundred and twenty-nine and a half.

The following extract contains some judicious remarks :

"The subjects of delirium tremens, as a class, are justly excluded the benefits of the institution, unless on payment of expenses.

"That a man under the influence of intoxication, or its effects, should break windows and destroy furniture, or endanger his family, is certainly no reason why he should enjoy benefits benevolently provided for the lunatic. We protest against everything that bears any semblance of punishment, and the result of the present management is, that a man may deliberately spend a part of his means, and induce the condition, the existence of which is deemed sufficient to commit him to our care; he comes in a state of nervous exhaustion, requiring the most expensive treatment, and, besides, he frequently destroys property; he is treated with kindness and care, and recovers and leaves, very grateful, it is true, but in a state to enable him with greater vigor and with reserved funds to plunge again with renewed zest into former bad habits; and thus our liberality operates as a bounty on iniquity.

"A penal institution is the proper place for the treatment of such cases; to these a medical officer is usually attached, and in them there might be all the proper appliances for the management of such persons; and if they are unable to pay in money a fair equivalent for accommodation and attendance, the law should provide that they be detained at labor till they have paid the expense of their committal and treatment. In this way the shame attached to being an inmate of such an institution, and the certainty of being obliged to pay the expense, would operate as a powerful check to a serious evil, and materially lessen the public charity.

"There is a class of inebriates, however, who would be willing to resist, if they could, the cravings of a vitiated appetite,* and would be glad to avail themselves of a respectable retreat, where they might avoid an enemy that has proved too powerful for their moral nature, where they might remain to strengthen good resolutions, overcome bad habits, and ultimately reform. In reconstructing the law to regulate the asylum, it would be well to consider the claims of those who, though weak, are highly deserving of generous sympathy.

"It should never be forgotten that the asylum is purely benevolent in its design; it is benevolent in its operations to the rich as well as to the poor—to the rich because it affords to them advantages that no means can command for an individual, and to the poor because it provides for their wants just as if they were rich.

"It should be considered as sacred for the purposes of a hospital for treating insanity as a disease, and as an asylum for those whom God, in his inscrutable wisdom, has permitted to be hopelessly deprived of the use of their reason; and the moment it is permitted to become the receptacle of the imbecile occupants of county almshouses, or a sink for the filthy and wicked debauchee of the watch-house, then it is departing

* The condition referred to here is evidently a disease, which might, with fair hopes of success, be submitted to treatment.

from its high mission, prostituting its benefits and lowering its respectability. The time, I trust, is not distant when it will not be deemed a disgrace to be a patient in a hospital for the insane, to be treated for mental disease, any more than it will be a disgrace to be treated at home for inflammation of the brain, or any nervous affection.

"Throughout the civilized world, one of the leading peculiarities of the present age is the deep interest that is manifested in behalf of the insane; and, in the name of that unfortunate class of our fellow-beings, I would gratefully acknowledge what has been done for their relief in this Province. It is, however, no less a duty to say to those representing their interests, that their obligation is not yet fully discharged. The noble and extensive erections made in addition during the past summer, but which will not be in readiness for occupancy till the ensuing spring, will, in the meantime, afford ample accommodation but for one sex; while for the other greater provision is still required, and this involves the completion of the building, according to the original design, and I would beg most respectfully to urge that it be done; in the end it will be found to be in accordance with the dictates of the highest wisdom and the soundest policy. Let there be erected in our very midst, complete in all its parts, an asylum in its truest sense—one to which those most loved may, with confidence, be committed, should circumstances require it, (and who is exempt?) and enjoy all the advantages that they could hope to derive in any country, from any similar establishment."

XIII. Annual Report of the Resident Physician, Lunatic Asylum, Blackwell's Island. New York, 1853.

Dr. Ranney reports a larger proportion of recoveries than in any previous year. There were remaining in the Asylum January 1, 1853, five hundred and twenty-seven; during the year four hundred and eighty seven were received, making the whole number under treatment one thousand and fourteen. Of the admissions only ninety-four were natives. No satisfactory reason is assigned why the proportion of native citizens is so small; very few insane poor are sent from the city of New York to other institutions. Three hundred and fifty-seven have been discharged, of whom two hundred and seventy are reported recovered. This is a very large per centage of recoveries. The reason is thus given:

"The proportion of recoveries must depend much upon the time the disease has existed previous to admission. Usually the indigent are placed in an asylum earlier than the wealthy. For this as well as other reasons, the per centage of recoveries in a hospital of this character should be larger than in institutions devoted to the use of the higher classes, provided the means for effective treatment be furnished."

Dr. Ranney remarks that:

"The maniacs, from year to year, have become more mild and manageable. Freedom from restraint, as far as is compatible with the safety of the patient, aids essentially in producing these conditions. A love

of liberty is inherent in the human mind, and close confinement is one of the surest means of making a sane man a maniac, or changing the milder forms of insanity into fury. The mind of the insane is very sensible to impressions, and continued irritation arouses all the passions, and renders the person entirely reckless in his acts. The confinement of an excited patient for a few hours in a room doubtless may allay excitement, but in a short time reaction occurs, and the seclusion, if continued, becomes a great source of irritation. A knowledge of this fact has contributed much to improvement in the building and management of asylums, and renders the patient comparatively tranquil."

Some improvements have been made during the year, and others are recommended. The usual tabular statements are appended, and also the propositions on the construction and organization of hospitals for the insane adopted at the last convention of medical superintendents.

XIV. Annual Reports of the Trustees and Superintendent of the Indiana Hospital for the Insane to the General Assembly. Indianapolis, Nov., 1852.

Annual Reports of the Trustees and Superintendent of the Indiana Hospital for the Insane to the Governor. Indianapolis, Nov., 1853.

Through some mishap we have received the above reports within a short period of each other. A considerable portion of their contents relates to matters of no great interest beyond the bounds of the State, except so far as political, or, at least, personal feelings seem to be mixed with a subject which should be kept free from both.

During the first year noticed Dr. R. J. Patterson was the medical Superintendent. There were remaining in the hospital:

	Males.	Females.	Total.
October 31, 1851,	74	63	137
Admitted during the year,	63	61	124
Under treatment,	137	124	261
Discharged recovered,	31	29	60
" improved,	10	4	14
" unimproved,	10		10
Died,	6	12	18
	58	44	102
Remaining Oct. 31, 1852,	81	78	159

Dr. Patterson institutes a comparison to show the comparative curability of recent and chronic cases, which deserves particular notice,

since it agrees with universal experience, and cannot be too widely known.

Of twenty-five selected *recent cases* all recovered after an average residence of twenty-one and a half weeks. The aggregate cost was one thousand six hundred and eight dollars. These patients return to their homes and take care of themselves and their families.

In twenty-five chronic cases admitted, insanity had existed before admission, on an average, thirteen and two-thirds years. A charge of only two dollars a week gives, for the aggregate cost of supporting them, the sum of thirty-five thousand four hundred and sixty-four dollars.

We quote the following upon the causes of insanity :

"A new cause of insanity has within a recent period been developed, and by reference to the table of alleged causes, it will be seen that no less than eighteen have been added to the number of our inmates, during the year, from the so-called 'spiritual rappings.' As if the imprudences and sins of men were not already sufficiently prolific of misery to the human race, but the aid of 'spirits from the vasty deep' of the unseen world must be invoked, to increase still more the wretchedness of mankind.

"In cases where the general health has been previously impaired, the attendant circumstances of late hours and consequent loss of sleep, with the excitement produced by the pretended revelations, have only developed a pre-existing tendency to insanity ; and in other instances, where the physical health has been good, the direct effect of the communications upon the minds of the unfortunate believers has been to produce bewilderment, melancholia, incoherence, and finally decided mania or dementia.

"An elderly gentleman who had previously enjoyed good health, now an inmate of this institution, was living in peace and harmony with his family, until the 'spirit rappers' visited the neighborhood. He attended their exhibitions and believed their revelations ; but, unfortunately for the old gentleman, it was revealed to him by one of the 'mediums' that his second wife, with whom he was then living, had caused the death of his former companion.

"The old man believed all to be a direct and truthful revelation from the spirit world, and from that hour his domestic happiness was at an end. Sleep forsook him, and he became a maniac, which he still continues to be, with but dim prospects for recovery.

"Of the eighteen cases of insanity alleged to have been caused by 'spiritual rappings,' thirteen were men and five women. The form of insanity, when admitted, was that of raving mania in fifteen, characterized by loud and incoherent vociferations. In two it was deep melancholy, and in one imbecility, approaching to *dementia*. In all, except three, the minds of the unfortunate subjects of this modern delusion were in complete ruin, there being left scarcely one vestige of rational thought or ability to reason.

"The nervous system was highly excited ; countenances pale, haggard and wo-begone ; hands and lower extremities cold and clammy, bowels constipated, with total loss of appetite, and extreme vigilance.

"Their profession of religion was as follows: Methodists, three; Christian Church, two; infidels, two; Mormon, one; Swedenborgian, one; Baptist, one; making no profession of religion, eight.

"The principal treatment resorted to was moderate purgation followed by the very liberal use of tonics, as iron, wine and barks, combined in most cases with anodynes or narcotics, of which the pure extract of the *conium maculatum* seemed to be the most beneficial.

"The result thus far is as follows: eleven have entirely recovered and seven remain. The prospects for those who remain are favorable for two and unfavorable for five.

"The cause of the prevalence of this delusion may be assigned to ignorance of, or inattention to, scriptural truth. In no case that has been brought to this institution, or that has come to our knowledge elsewhere, has the unhappy subject possessed an intelligent acquaintance with the Bible. Had the victims of this 'lying wonder' furnished themselves with a moderate degree of acquaintance with, and adhered to a few of the plainest instructions of the Bible, the seductions of this error would have vanished before the influence of such truth, as the ghosts and fairies of fabled story fled before the light of day.

"This imposture may be regarded as twin brother, if not a legitimate descendant of some of the various notions of modern transcendentalists, who, rejecting the inspired authority of Scripture, and regarding the human family as ignorant of their relations to God, and their condition in eternity, teach that man, by some *mysterious, unintelligible* process, after a long series of ages, may possibly arrive at some definite truth. Who can wonder that minds involved in such error should seek to find some *surer, quicker* means of knowledge? And if they seek not 'to the law and the testimony,' to the 'sure word of prophecy,' given by infinite wisdom, will they not 'seek unto them that have familiar spirits, unto wizards that peep and mutter,'—to spirits that have no more dignified mode of communication than a knock and scratch, to tip or move a table.

"All the more *prominent* heresies and classes of errorists that have ever existed, or that now exist, are predicted in the Bible with the accuracy and distinctness of history; and others of less note are left to be tested by general scriptural principles. It is the quality of wisdom to take no unnecessary means in accomplishing an end, and as Divine Wisdom has given a full and complete revelation of all that is required for man to know of his duty, and future condition, any *additional* communication from the spirit world would be as needless as for the rich man to have returned from the world of retribution to his brethren who already had 'Moses and the prophets.'

"A short, common-sense rule may therefore be applied to the revelations of the 'spirit rappers:' if they agree with Scripture, they are not only superfluous, but it is consequently both a delusion to believe, and an imposture to assert, that they are communications from beings or spirits in another world; and if they disagree with Divine Revelation, they may be pronounced false without further evidence.

"An apology is scarcely needed for the space devoted to the consideration of a subject that has furnished the institution with eighteen inmates within the short period of a few months."

In 1853 Dr. James S. Athon was the Medical Superintendent. The following are the statistics :

	Males.	Females.	Total.
Remaining Oct. 21, 1852,	81	78	159
Admitted during the year,	74	82	156
Under treatment,	155	160	315
Discharged recovered,	47	39	86
" improved,	14	21	35
" unimproved,	9	8	17
Died,	7	7	14
Whole number discharged,	77	75	152
Remaining Oct. 31, 1853,	78	85	163

Dr. Athon's report was made about five months after he took charge of the Hospital. He states that the health of the patients has been good, and the proportion of recoveries usually large. The description of improvements in the building and a detailed statement of the finances of the institution occupy several pages. Appended to the report are the usual statistical tables.

XV. Report of the Board of Trustees of the Insane Asylum of the State of California, submitted to the Legislature, January 20, 1854, Benicia, 1854.

The interest of this report renders it worthy of a more extended notice than we usually give.

The board of trustees represent that, as soon as practicable after their appointment, (in July 1853,) they organized at the city of Stockton, proceeded to take proper measures to contract for the early completion of the unfinished building designed for the Insane Asylum, and also for a two-story frame house and for such fixtures and arrangements as were deemed necessary for the comfort and accommodation of patients. "In accordance with the contract thus made, the Asylum was completed and ready for the reception of the insane on the eighth day of October last, at which time they were removed from the wooden buildings in the city of Stockton to the Asylum buildings."

Judging from our own experience in the matter of public buildings, we should be disposed to call this *marvellous rapidity*.

"From an examination of the report of the Superintendent it will be seen that the number of inmates now in the Asylum is one hundred and two, and is increasing monthly—while the present buildings are incapable of accommodating more than eighty comfortably, and, even when crowded, cannot admit more than about one hundred. It is a well estab-

lished fact that the crowded state of the Asylum has a bad tendency, as respects the good order of the place, and our own short experience has fully demonstrated that any association between the violent insane and those of a milder type frequently exercises an unfavorable influence upon the latter class.

"Under these circumstances we deem it proper to call the attention of the legislature to the propriety of making an appropriation for the erection of a main or centre building, immediately north of and adjoining the present one, three stories in height, and about fifty-five feet front by one hundred and thirty in depth. It is believed that a building of this size, when completed, will afford sufficient accommodation for the insane of the State, until its population shall become considerably greater than at present. And should it become necessary to enlarge, a wing may be erected on the north side of it, corresponding in appearance and dimensions with the present building, which, if this plan be carried out, will form the south wing of the Asylum.

"It will also enable the Superintendent to establish additional wards and to make a more particular classification of the insane—a measure at once conducive to the comfort of the patient and his recovery.

"One or more of our number have visited the Asylum once a week, and sometimes oftener. The result of these visits has been quite satisfactory, as we found the apartments cleanly and well ventilated, and the wants of the patients properly cared for.

"Through the liberality and public spirit of Charles M. Weber, Esq., and the common council of the city of Stockton, the Asylum now owns one hundred acres of land, one block of which is within the corporate limits of said city, and the remainder north of and contiguous to it. A portion of this tract is well timbered with fine shade trees, and, in point of beauty and fertility, is unsurpassed by any in the vicinity of the city of equal dimensions; and, in a few years will, doubtless, become very valuable. It is now an open common, and, to make it useful, it will be necessary to enclose it with a good and substantial fence. And the trustees respectfully recommend that the legislature shall, during the present session, at as early a period as possible, make an appropriation for this purpose, in order that the coming crop of grass may be preserved and secured; and also as a protection to the shade trees upon the land, which are now being destroyed from time to time by the axe of the trespasser. It is believed that this tract of land, when properly enclosed and under cultivation, will considerably lessen the expenses of the institution, in furnishing vegetables and other supplies for it, inasmuch, as most of the labor necessary to produce them can be advantageously performed by the insane, thus giving them both exercise and recreation, which are conducive to health and comfort.

"It is believed that the sum of eighty thousand dollars will be sufficient to erect the main building hereinbefore mentioned, and furnish the same, and also to construct the fence enclosing the whole tract of land, and to purchase implements for cultivation. Such, at least, is the estimate of an experienced architect, who, we believe, is entitled to our confidence.

"There has been expended during the last year the sum of eighty-four thousand nine hundred and seventy dollars and eighty-eight cents, comptroller's warrants and gold dust. The loss in the sale of warrants and gold dust amounted, in the aggregate, to the sum of eleven thousand

six hundred and fifty dollars and ninety-one cents, which, being deducted from the above sum, reduces the actual cash expenditures of the hospital and insane asylum, to seventy-three thousand three hundred and eleven dollars and ninety-seven cents, (\$73,311.97.)

"Of this sum, thirty-two thousand one hundred and eighty-four dollars and fifty cents, (\$32,184.50) were expended in the completion of the Asylum, the erection of the frame buildings, kitchen, bath-house and fixtures, and for lumber, furniture and cartage; leaving a balance of forty-one thousand one hundred and twenty-seven dollars and forty-seven cents, (\$41,127.47) appropriated to the payment of salaries, bills for sustenance, servant hire and rents.

"Under section seventeen of the act concerning the Asylum, the trustees have fixed the rate of board, medical attention, &c., at ten dollars per week, but, as yet, have failed to realize anything from this source; although, they feel well convinced, in some instances, they had patients who possessed ample means to defray their own expenses. As the law now is, they are compelled to receive all as State patients who may apply for admission, whether they possess the ability to pay or not. We conceive that a person (though unfortunate) who has means to provide for his own support has no right to become an object of State charity, and, therefore, respectfully submit that the fourteenth section of the act, above referred to, be so amended as to require the county judge, who shall order the lunatic to be conveyed to the insane asylum, to make inquiry into the means of said lunatic, and determine whether he is a State charge or not, and that he shall certify the result of the inquiry to the trustees of the Asylum, in order that they may require a deposit before admission, and from time to time, if necessary, from such as have the ability to support themselves."

From the annual report of the resident Physician, Robert K. Reid, M. D., we obtain the following particulars:

"The history of insanity in this State during the last four years, the great amount and frightful increase, demand the investigation and serious attention, not only of medical gentlemen and legislators, but of intelligent men generally.

"The number of insane persons sent to the station-house, San Francisco, during the year 1850 was	14
" " " 1851 "	22
" " " 1852 "	34
" " " 1853 "	65

"During these years the number has more than quadrupled. It is fearful to contemplate the amount of mental excitement, the violent passions, the ungoverned tempers and continued turmoil prevailing throughout the entire population of the State. These are the agents which, operating on the brain and its membranes, produce such an amount of mental alienation."

From May 14, 1852, to December 31, 1853, the statistics are as follow:

	Males.	Females.	Total.
Whole number admitted,.....	264	20	284
Recovered,.....	153	7	160
Died,.....	19	3	22
Improved,.....	42	2	44
Remaining,.....	93	10	103
	307	22	329

These figures do not agree, but the discrepancy is doubtless to be explained, by adding the number admitted previous to May 14, 1852.

"The great number of insane persons in this State arises from the peculiar character of our population. We have few youths and still fewer aged persons; all are in the meridian of life, when the intellect has attained its maximum activity, when the feelings and passions are dominant, and when the sorrows and successes of life are more frequent and formidable. No better evidence of the great mental activity of our people is necessary, for it is a well established physiological fact, that where the greatest degree of mental excitement prevails, there, also, is the greatest amount of insanity. In highly civilized and enlightened communities, in countries which have acquired a great degree of political and religious liberty, there mental diseases are most common. In all tyrannical and despotic governments, among all rude and barbarous nations, in all conditions of society where mental ability is of a low type, there is very little insanity. Among the Chinese, the Hindostanees and the inhabitants of the Pacific islands, the disease is hardly known. In Turkey and Russia, in Spain and Portugal, except in the large cities, it is extremely rare. In Mexico, Cuba and the South American States, the number in proportion to the population is still smaller. It is asserted by trappers and mountaineers, and by authors of undisputed authority, that among the American Indians, in all their numerous tribes, a case of insanity was entirely unknown. In the different institutions of England, France and Germany, nations highly educated and intellectual, there is a vast amount of insanity. In England alone, there are 20,000 insane persons, exclusive of idiots; in France 18,000, and in Germany the same number; while in the United States the number of insane persons is nearly double that of any country in Europe in proportion to the population; the whole number is not far from 30,000."

It is an opinion very commonly advanced by writers that insanity never occurs among the Indian tribes of North America, but more intimate acquaintance with them by professional men has shown its incorrectness. Dr. George Suckley of the U. S. Army, in a letter from Oregon, writes that cases of insanity are sometimes met with, though great pains are taken to conceal them from the whites. They treat the insane with great kindness, and make use of incantations to drive away the evil spirit. There is at the present time an Indian of the Tuscara tribe under treatment in the New York State Lunatic Asylum.

The supposed causes do not greatly vary from those assigned in other institutions. Disappointment and loss of property thirty-six, spiritualism four, intemperance forty-two, vicious practices twenty, epilepsy ten, &c.

The nativity of the patients is thus generally stated, Americans one hundred and fifty-one, foreigners one hundred and thirty-three. In the first class are New Yorkers thirty-one, the New England States thirty-two, Pennsylvania ten, &c. There are four natives of California.

In the other the range is great. England, Ireland and Scotland fifty-three, France twenty-nine, Germany eighteen, Australia two, China one, &c.

"We have here a mixture of all nations, people and languages. In our own country there are representatives from Maine to Texas, and from Virginia to Oregon. Among the foreigners, we have them from England to China and Hindostan, and from Canada to Chili and Australia. We admitted two persons insane, who were also deaf and dumb, they both recovered, were discharged and sent to the mines. Ten negroes, eight males and two females, have also been received, of whom two died, three were discharged, and five yet remain in the hospital."

The occupations are, as might be supposed, greatly diversified. The civil condition is thus given :

	Males.	Females.	Total.
Single,	184	5	189
Married,	58	10	68
Widowed,	22	5	27
	<hr/> 264	<hr/> 20	<hr/> 284

"The number of males compared with the females, and the vast difference between the married and single will not appear so astonishing when contrasted with the character of our population. At first it was a community composed entirely of men, and even at this time, the females number only about one-twentieth part of the population."

We copy the table of ages :

	Males.	Females.	Total.
Between 10 and 20 years,	18	3	21
" 20 " 30 "	114	11	125
" 30 " 40 "	74	2	76
" 40 " 50 "	33	3	36
" 50 " 60 "	19	1	20
" 60 " 70 "	4	—	4
" 70 " 80 "	1	—	1

"Insanity generally occurs when man is in the prime of life when he is rejoicing in manhood and beauty—in health and power. Neither youth nor old age is very liable to the disease. The period of greatest susceptibility is between twenty and thirty years.

"The average age of the whole number admitted was only thirty-four years. The extremes were ten and seventy years."

"No subject has occasioned us more annoyance and trouble, in order to give satisfaction, than the admission of visitors. The people of the State have certainly a great interest in the successful management of the institution, but it would be perfectly absurd to throw open its doors for the inspection of every one. Many desire to visit the wards, not to observe the amount of comfort enjoyed by the inmates, but to laugh and jest at their caprices. We insist the community shall understand that patients are sent here for restoration, not for exhibition,—that quiet and seclusion are absolutely necessary for their recovery, and that they shall not be made a spectacle for the gratification of a morbid curiosity. Admission has always been refused to every person whose object was merely to see insane persons. To those individuals, from different portions of the State, who take any interest in the welfare of these people, every facility has been extended to examine the arrangements for their comfort and restoration. As a general rule, most insane persons are injured by visits from their friends or from strangers. All their suspicions and troubles are recalled—they frequently become melancholic, and sometimes excited and furious. We cheerfully answer all letters of inquiry addressed to us by friends of any person under our care, and apprise them of their condition and the prospects of their recovery."

In the twenty-two institutions, the reports of which have now been reviewed, eight thousand two hundred and ninety-three patients have been treated, and one thousand seven hundred and ten discharged recovered. On the whole number treated during the year the cures are 20.62, on the discharges 50.61.

This article has extended to greater length than was designed, but we wished to bring it to a conclusion in the present number. We have no reports of the asylum at South Boston, the Maryland Hospital, Baltimore, the Eastern Asylum, Virginia, and the State institutions of Illinois, Missouri, Alabama, Georgia, Mississippi, North and South Carolina. All other American reports have been noticed. T. R. B.

S U M M A R Y .

Hospital for the Insane at Taunton, Mass.—We have received a lithograph of this institution. The buildings are evidently constructed in a very substantial manner, and the three towers add very much to its external appearance. We extract the official account of the architect from a message of the governor to the legislature:

“The hospital is located upon an eminence about a mile north of the centre of the town of Taunton, and the main edifice has a frontage towards the town of three hundred and forty-eight feet. It has three return wings of forty feet in width; the *extreme* front of the two outer, eastern and western wings, being one hundred and ninety-one and a half feet, while the centre wing extends back one hundred and sixteen feet from the rear wall of the main building. The front and wings are each three stories high. From the main front, and also from the side wings, there are projections or lateral wings—those upon the sides containing each twenty-one strong rooms, six by eleven feet, and eleven feet high. These are designed for the more violent patients. The main centre projects forward fifty feet from the main front, and surmounted by an octagon tower twenty-eight feet in diameter, and rising seventy feet above the roof. The eastern and western wings are also surmounted with towers of corresponding architecture, but of smaller dimensions, being fifteen feet in diameter, and rising thirty-five feet above the roof.

“The principal entrance is from the front of the main centre; the first room on the west being designed for the office, and other rooms immediately contiguous for reception-rooms and other uses; while the remaining portions of the centre structure is chiefly intended for the family of the superintendent. In the rotunda of the main edifice, and directly forward from the entrance, is the main staircase leading to each story and to the chapel.

“The centre wing extends backward in the rear of the stair-case, and is devoted to the domestic purposes of the establishment, with the exception of that part assigned for the chapel. First, in the lower story, is the kitchen, twenty-five by fifty feet; then the bakery, and in the rear of all, the laundry, twenty-five by forty feet.

“Contiguous to the kitchen is a dining-room, fifteen by forty feet; there are also store-rooms and rooms for other purposes. Connected with the kitchen, where all the cooking for the establishment is done, are elevators by which food is raised to the upper stories, to be distributed to the various dining-rooms for the other wings. The accom-

modations introduced in the kitchen department were intended to concentrate, as much as possible, the domestic purposes of the establishment. In the second story of the wing is a chapel, forty by fifty feet; and in the rear of this the drying and ironing-rooms of the laundry below, from which clothes are raised by means of elevators. The other portions of this wing are appropriated for servants, dormitories, and for other uses.

"The eastern and western wings are of like construction. The former, with the eastern portion of the front, adjoining the main centre, is designed for female patients; the latter, with the corresponding western half of the front, is designed for male patients; and these rooms are of sufficient capacity to accommodate two hundred and fifty patients. These rooms open from large corridors, and are fitted with every appurtenance that was thought would contribute to the comfort and benefit of patients. At the extremities of the outer wings are verandas in each story for the purpose of giving air and exercise to the patients, twenty-four by thirty-two feet each.

"For the use of patients disposed to commit suicide or self-injury, rooms have been constructed adjoining those occupied by the officials, and in such a manner, that the occupants are under constant surveillance through the intervening lattice-work.

"The entire structure contains two hundred and eighty-five rooms, and the whole are warmed by steam from two tubular boilers, of four feet diameter and sixteen and one-half feet in length, with fifty-four lap-welded tubes in each, which, with an engine of six-horse power, are stationed in a building one hundred feet in the rear of the centre wing.

"The steam is conveyed under ground in a cast-iron pipe, four inches in diameter, to the centre of the main building, and is then divided into six different circulations of twenty-one pipes each; and each of these circulations is subdivided into three parts, to accommodate the three different stories, which take about thirty thousand feet of pipe, one inch in diameter. The heat is conveyed from the basement to the corridors of the different stories by flues, twelve by eight inches square, passing up the corridor walls; from the corridors to the different apartments through open ventilators at the top of the doors; from the apartments it passes through ventilators into the flues running down the outside walls, and which are connected with the foul-air ducts which extend around the entire outside walls and communicate with a flue, five feet in diameter, made in the main chimney in the centre wing, which also receives all the flues and heat from the kitchen range, oven and laundry, and will create a sufficient draught, so that the atmosphere of the various rooms may at all times be kept pure, and at any desired temperature.

"All the water used for bathing, washing, cooking and other purposes is forced by the steame-engine into tanks, containing five thousand gallons, and stationed in the attic of the centre wing. All the drainage of the establishment is through an under-ground channel to a pond eight hundred feet distant.

"The conveniences, and all the modern improvements in the way of water-works, bathing-rooms, &c., were intended to be added, that the present progress in the arts would admit."

The commissioners, in their final report, state that as the builders had

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“Contiguous to the kitchen is a dining-room, fifteen by forty feet; there are also store-rooms and rooms for other purposes. Connected with the kitchen, where all the cooking for the establishment is done, are elevators by which food is raised to the upper stories, to be distributed to the various dining-rooms for the other wings. The accom-

modations introduced in the kitchen department were intended to concentrate, as much as possible, the domestic purposes of the establishment. In the second story of the wing is a chapel, forty by fifty feet; and in the rear of this the drying and ironing-rooms of the laundry below, from which clothes are raised by means of elevators. The other portions of this wing are appropriated for servants, dormitories, and for other uses.

"The eastern and western wings are of like construction. The former, with the eastern portion of the front, adjoining the main centre, is designed for female patients; the latter, with the corresponding western half of the front, is designed for male patients; and these rooms are of sufficient capacity to accommodate two hundred and fifty patients. These rooms open from large corridors, and are fitted with every appurtenance that was thought would contribute to the comfort and benefit of patients. At the extremities of the outer wings are verandas in each story for the purpose of giving air and exercise to the patients, twenty-four by thirty-two feet each.

"For the use of patients disposed to commit suicide or self-injury, rooms have been constructed adjoining those occupied by the officials, and in such a manner, that the occupants are under constant surveillance through the intervening lattice-work.

"The entire structure contains two hundred and eighty-five rooms, and the whole are warmed by steam from two tubular boilers, of four feet diameter and sixteen and one-half feet in length, with fifty-four lap-welded tubes in each, which, with an engine of six-horse power, are stationed in a building one hundred feet in the rear of the centre wing.

"The steam is conveyed under ground in a cast-iron pipe, four inches in diameter, to the centre of the main building, and is then divided into six different circulations of twenty-one pipes each; and each of these circulations is subdivided into three parts, to accommodate the three different stories, which take about thirty thousand feet of pipe, one inch in diameter. The heat is conveyed from the basement to the corridors of the different stories by flues, twelve by eight inches square, passing up the corridor walls; from the corridors to the different apartments through open ventilators at the top of the doors; from the apartments it passes through ventilators into the flues running down the outside walls, and which are connected with the foul-air ducts which extend around the entire outside walls and communicate with a flue, five feet in diameter, made in the main chimney in the centre wing, which also receives all the flues and heat from the kitchen range, oven and laundry, and will create a sufficient draught, so that the atmosphere of the various rooms may at all times be kept pure, and at any desired temperature.

"All the water used for bathing, washing, cooking and other purposes is forced by the steame-engine into tanks, containing five thousand gallons, and stationed in the attic of the centre wing. All the drainage of the establishment is through an under-ground channel to a pond eight hundred feet distant.

"The conveniences, and all the modern improvements in the way of water-works, bathing-rooms, &c., were intended to be added, that the present progress in the arts would admit."

The commissioners, in their final report, state that as the builders had

completed their contract, they, on the 2d of February, 1854, placed the building in charge of the trustees appointed by the governor.

NEW ASYLUM NEAR TURIN.—A new asylum has just been constructed at Collegno, about seven miles and a half from Turin. It is a branch of the Royal Asylum at Turin, and is under the charge of Doctor Michael Angelo Porporati, formerly attached to that establishment.—*Gaz. Med. Lombarda.*

INSANITY IN BELGIUM.—A recent report of the commissioners of lunacy in Belgium states that the total number of insane in the kingdom is four thousand nine hundred and ninety-seven. Of these two thousand four hundred and thirty are males, and two thousand two hundred and seventy-seven females. Three thousand five hundred and fifty-eight of these are in asylums and one thousand three hundred and forty-nine are retained at home. The public and private establishments contain two thousand four hundred and twenty indigent, and nine hundred and forty-eight private patients.

The commissioners recommend the creation of a special fund for the support of indigent patients, by the co-operation of all the communes, whether they have insane to support or not, and also that a permanent obligation shall rest upon the State and provinces to contribute to said fund.

The idea of having a special asylum for the criminal insane is being carried into execution. The government has made an arrangement with a hospital at Bruges to receive that class of patients. They have a certain portion of the hospital assigned to them, and receive the same care as other patients. A few cells with court-yards have been arranged for those who are under observation, and for those who require extraordinary watching.

The physicians attached to Belgian asylums receive small salaries and occupy subordinate positions. They are seldom consulted in regard to the erection of asylums or their subsequent organization. The report very justly calls attention to the deficiencies in this branch of the service.—*Annales Médico-Psychologique.*

ON THE CONNEXION BETWEEN MORBID PHYSICAL AND RELIGIOUS PHENOMENA.—The following extract is from the first of a series of articles to appear in the *Journal of Psychological Medicine* on the influence of diseased physical organization in producing morbid religious phenomena, by the Rev. J. F. Denham, M. A., F. R. S., &c.

"As already intimated, the connexion between morbid physical and religious phenomena is adverted to in the writings of the most eminent

and exemplary divines, and especially those of them who had turned their attention to medical studies, or who, like Abp. Secker, Dr. Barrow and many others, had originally received a medical education. From these writings admissions may be produced of the modifying influence of organization and of physical causes, not only upon the religious and intellectual, but even the moral phenomena of human nature, commensurate with the largest demands made for them by modern pathologists. Thus Bishop Beveridge remarks, 'Atheistic thoughts spring up in the fountain of the soul *only* when muddled with fleshly pleasures.'* Dr. Barrow observes, 'Credulity may spring from an airy complexion; suspiciousness hath its *birth* from an earthly temper of the body.† Reserving other quotations for the particular occasions for them which will be afforded by the future examination of specific classes of morbid religious phenomena, I shall now subjoin the following *general* confirmation of the foregoing definitions, principles, &c., derived from the works of Abp. Sharp: 'We consist of two parts, a soul and a body, which, though they are distinct substances, are yet by the wonderful power of God so closely united that they do strongly affect one another. Though it be our minds, or our spirits, or our souls, properly, that can be said to think, or to reflect, or to perceive, or to remember, or to hope, or to fear, or to enjoy, and the like; yet *all* these operations are influenced by, and do receive a kind of tincture, as I may say, from that state and condition and plight the body is in. For it is plain, by manifold experience, that our souls in this world cannot act at all without the help and ministry of the purer parts of our bodily substance; which purer parts, let them consist in what they will, the soul makes use of as her instruments in *all* her intellectual operations, and as these are well or ill disposed, so will *all* the acts of our minds proceed accordingly. The changes and various dispositions that we feel in ourselves proceed not so much from the soul, for the habits and dispositions of that are often, for all these varieties, the very same, but rather they are in a great measure, if not wholly, to be attributed to the variety of tempers that the body is subject to, which the soul cannot many times either prevent or alter. *Irresolution and doubtfulness* about the goodness or badness of actions, as fearing that if we act this way we sin, if we act the other way we sin likewise, do often render the minds of well-meaning persons very uneasy, even sometimes in such instances as another man, and he an honest man too, would find no difficulty at all in. It may, and doth sometimes happen, that this perplexity and scrupulosity about actions doth proceed from distemper and indisposition of body; and when it does so, it is a spice of religious melancholy, and which is a dejection of mind occasioned from the temperament, or most commonly from the distemperature of the body, accompanied with unreasonable frights or fears about our spiritual condition. There is none in mankind can live a more uncomfortable life than they also do who are often thus dejected and under such sad fears and perplexities as sometimes to think themselves the most miserable wretches that breathe. Nay, even at their death, when they stand in need of comfort most, yet now and then it happens that they cannot rid themselves of those frightful and dismal apprehensions . . . As for the devil, they neither give him opportunity, nor is he, I hope, ordinarily permitted to be so busy about them, as they

* Private Thoughts, Art XI.

† Sermon IX.

are apt to imagine. No; I take it, that the principal causes and foundation of *all* their troubles lie in the ill habits of their bodies: the animal spirits, which the soul makes use of as her instruments in the performance of *all* her rational operations, are vitiated and disordered by fumes arising from hypochondriac affections, and *that* gives the first occasion to the disorder of their minds. That what I say is true, appears in this, namely, that those who are constantly and habitually thus troubled in mind, are known, by a great many symptoms, not only to be persons of a melancholy complexion, but also to be highly under the power of hypochondriac melancholy; and those that are not frequently under these troubles, but only sometimes, may observe of themselves that these troubles have usually come upon them, either upon some heavy cross and affliction that has befallen them, or some great sickness of which they were not well recovered, or some other natural cause that hath put their bodies into some weakness or indisposition, and when that has been removed, they have been as well in their minds as before.

"Two things are necessary to be done for the cure or removal of religious melancholy, namely, that the persons afflicted with it do take care of their bodies; that they be put into a better state of health and vigor, and freed from all hypochondriac fumes that do oppress them; and that they endeavor to get their minds truly informed about those matters of religion from which their disease doth, as I may say, take a handle to vex and disturb them. To speak my thoughts freely, I must needs say that in many of these cases the physician's part is every whit as necessary, if not more, than that of the divine; for if the bodily indisposition was removed, most of the fears, and frights, and disturbances that happen upon a religious account would vanish of themselves; whereas, while the root of the disease, I mean that ill ferment of the blood and spirits, remains in the body, the most comfortable discourses that can be made to them about their spiritual condition, though to the bystanders that hear them they appear never so wise and rational, will often have little effect upon them; or if they do give them some present ease and satisfaction, yet in a little time their troubles and fears return again, and are as impetuous as they were before. I know that many of these will not give credit to what I now say. A man, for instance, that is troubled with horrid blasphemous thoughts will think it strange that you should advise him, for the cure of sin, to make use of physick and exercise, and such other methods as are prescribed to valetudinary persons for the recovery of their health: why, saith he, I am well enough in body; I eat, I drink, I sleep; all my disease is in my mind: I would be rid of these wicked thoughts that do continually haunt and torment me, and what can physick or exercise contribute to that? I have need of a spiritual physician. And so far, indeed, he is in the right. A spiritual physician may do him some service, and give him some comfort by convincing him, if he be capable of it, that these thoughts of his, how wicked and blasphemous soever they are, shall do him no harm so long as he doth not consent unto them. But this is all he can do. He cannot, I doubt, put him in the way of getting rid of these thoughts, which is the main thing he desires; for that cannot be done but by the alteration of the state of his body, from the ill-disposition of which *all* these thoughts do arise. But now the man being ignorant of all this, and having no idea how his body should thus affect his soul, as to the making him think after this or that manner, which yet it

certainly doth, cannot readily entertain any advices that are given him with relation to that, though yet he will find, upon trial, that it is from hence *only* that his cure can be perfected. . . . Why may we not ascribe all that inequality we find in our affections towards God and spiritual things *wholly* to the inequality of the temper of our bodies? Without doubt this is generally the cause of it. As long as we have these bodies about us, the best of men must expect these ebbs and flows of affection to the service of God, and that even when they are in good health; and, therefore, much more if it should be their misfortune to have their animal spirits depraved by hypochondriacal affections.

"No man that has seriously attended to the working of his own mind but will experience that he hath often had very odd and extravagant thoughts come into his head on a sudden, and those vigorously enough impressed, without any occasion that he can give account of, where there has not been the least reason to suspect that the devil had any hand in infusing them; but, as there is great reason to believe that they did purely and solely arise from the present temper and motion of his animal spirits, which, accordingly as they move regularly or irregularly, more briskly or more slowly, have a power of exciting in the soul thoughts and fancies of a differing nature. And hence come all the extravagances of dreams, the odd flights and recoveries of those that are in feverish distempers, and *likewise* the strange conceits and fancies of melancholy and hypochondriacal persons. It is not all persons that do complain of these wicked and blasphemous thoughts and other extravagant fancies, nor all good persons that are thus haunted, but chiefly those that are of a melancholy constitution—those of the devout sex, women, are more thus affected than the other sex. These that I speak of are grievously disturbed with odd, unreasonable—nay, sometimes impious phantasies, which are suggested to their minds, they do not know how, nor upon what occasion; but the more they strive against them still the more impetuously do they come into their heads; and then especially when they set themselves to the more solemn exercise of religion, and endeavor to be more than ordinarily devout, at these times, to be sure, they shall be most grievously tormented with them. What now shall we say to these things? I verily believe that, for the most part, they are wholly to be ascribed to the distemperature of our bodies, occasioned by hypochondriac vapors, or hysteric passions, or ill affections of our natural humors, and that the devil hath no hand in them. But if, after all this, any man will say that those thoughts do not take their rise wholly from bodily distempers, but that also the devil hath a hand in them—namely, thus far, that he takes advantages of those disorders in our humor, and by means thereof doth rather excite these thoughts in us, or impress them more vehemently upon us, which is, indeed, the common opinion of divines,—I say, if any one thinks this to be a better account of the matter, he may, for all me, enjoy his own sentiments; for I account religious melancholy, properly so called, to be as perfect a disease, and in some cases as incurable, as some other diseases incident to human bodies: but in most cases it is capable of cure; and in all cases it may receive great comfort, and relief, and abatement. *It concerns all these persons to look after their bodies, for upon the cure and health of them the cure and health of the mind doth, in a manner, all in all depend.*"

INFLUENCE OF THE MELANCHOLIC TEMPERAMENT ON THE MENTAL MANIFESTATIONS.—Dr. Zimmermann was of a melancholic nature, and, according to the remark of a celebrated ancient philosopher, the spirit of power and prophecy often accompanies this temperament. As an example in support of this assertion we may cite the case of the Swiss physician. His intelligence was endowed with an extraordinary penetration. He believed himself possessed of power to foretell future events. He announced one among others, more than thirty years in advance, and it was the most grand and terrible of all modern history—the French revolution. This sad presentiment contributed even to augment his melancholia, and the little strength which remained to him towards the close of his career, was exerted in a courageous strife to maintain a consistency with the principles of his previous life. The event which appears especially to have exerted a sad influence upon his reason and his existence, was the excited struggle which he maintained against the *illuminés*. This revolutionary sect had endeavored to gain Zimmermann, but he at once foresaw that such a league would be dangerous to society, and neglected nothing in order to expose them. The zeal which he displayed in attacking these innovators cost him a condemnation. Those who know the power of the organization, and the relation and association of ideas, will comprehend with facility the impression which this judgment would produce on his melancholic spirit. Zimmermann ended by becoming the prey of a fixed idea—the fear of falling a victim to the hate conceived against him by the *illuminés*. He saw them continually plundering his house. “I incur the risk,” he would say, “of becoming this year even, a poor emigrant, forced to abandon my home and the dear companion of my life, without knowing where to lay my head, or where to find a bed in which to die.” Exhausted by sleeplessness, and refusing food because he believed himself ruined, Zimmermann expired the 7th of October, 1795, at the age of sixty-four years.—*Revue de Thérapeutique Médico-Chirurgicale*.

SPIRITUAL RAPPERS; PHYSIOLOGICAL EXPLANATION.—A visit from Doctor Schiff, of Frankfort-on-the-Main, gave us an opportunity of being present at some interesting experiments, in which he produced, at will, without apparent movement of any part of the body, a noise precisely similar to that which an interested imposition attributes to spiritual agency. The sagacity of induction, and the patience displayed in the investigation by M. Schiff, deserve mention independently of the curious results to which they have conducted.

It was not, in fact, in closely observing a young girl, endowed with

the power of *rapping*—as the information communicated to the Academy of Science by M. Rayer would lead us to suppose—that our professional brother of Frankfort arrived at the cause of the phenomena. Reflection alone induced him to think that a noise of that nature could only be produced in the human body by the sudden escape of a tendon. He took a skeleton, examined it with great care, and found only one point where the phenomena was rendered possible by the anatomical construction; this was the groove situated behind the external *malleolus*, in which passes the tendon of the *peroneus longus* muscle. This tendon cannot be displaced outwards without striking against a bony margin, abrupt and sufficiently high to cause a vibration. M. Skiff having himself attempted to throw the tendon from its place by the muscular contraction alone, occupied half an hour in fruitless efforts. At length a slight noise was heard, and twenty-five minutes afterwards a second noise, and each time he felt very distinctly, with the finger behind the external *malleolus*, that the tendon escaped outwardly whenever the sound was produced. Little by little, as the sheath relaxed under the repeated efforts of the tendon, the result became more and more easy to obtain.

One fact remained to be established.—Among the persons self-styled spiritual mediums, is there really a movement of the tendon of the *peroneus longus* at the moment the rapping is heard? The young girl observed by M. Skiff was no longer within his reach, but he entrusted the examination to an observer worthy of confidence, who established the *fact* in the most positive manner.

To produce the noise, M. Skiff seated himself, the leg slightly extended, the foot supported upon the floor by the heel only, and turned slightly inward. He has acquired such power, by exercise, that he can, without moving his foot, vary at will the succession of sounds; for example, can imitate the manner in which we are accustomed to rap on a door before entering. He can even beat a measure, and the *Marseillaise* was *rapped out* by the tendon in our presence.—*A. Dechambre, Gazette Hebdomadaire.*

SUICIDAL ATTEMPT BY A CHILD.—At Magdeburg, on the 17th of October, a little child, only five years of age, was brought to the police office, having been rescued from the Elbe, into which he had thrown himself because of abusive treatment received from his mother. This is, perhaps, the first time that so young a child has carried into execution the determination to commit suicide.—*Moniteur Universel.*

THE JOURNAL OF PSYCHOLOGICAL MEDICINE AND MENTAL PATHOLOGY.—We hope to review the last number of Dr. Winslow's Journal in our next issue. It contains several papers of great value.

THE ASYLUM JOURNAL.—This Journal is published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane in England, and is edited by Dr. Bucknill, of the Devon County Lunatic Asylum. The number for November is just received. It contains articles on the annual meeting of medical officers of asylums in America; on the alleged evasion of justice by the reception of a criminal into an asylum; also a notice of the eighth report of the Commissioners in Lunacy, by Dr. Conolly; an essay on the classification of mental diseases by Dr. Baillarger, and a review of the report of the Merenberg Asylum, Holland, by Dr. Tuke. The Journal is ably conducted, and we hope will receive a liberal support. The number before us closes the first year, and in an article entitled "Our First Birthday," Dr. Bucknill briefly comments upon the progress thus far made, and expresses gratification that the main purpose for which it was established has been fully attained.

APPOINTMENT.—Dr. JOHN B. CHAPIN, late Resident Physician at the New York Hospital, has been appointed Assistant Physician at the New York State Lunatic Asylum.

ERRATUM.—In an obituary notice of Mr. MUNSON, in our July number, it was stated that he was the first President of the Board of Managers. This was an error. Mr. THOMAS H. HUBBARD, of Utica, was the first President. He was appointed at the first meeting of the Board on the 19th of April, 1842, and held the place until the expiration of his term of office as Manager in 1848. Mr. HUBBARD took an active part in the organization of the Asylum, and was a very faithful and valuable member of the Board. He was closely connected with Dr. BRIGHAM in his early labors, and was most highly esteemed by him and by his associates in the management of the institution.

BOOKS RECEIVED, &c.

Since our last issue, the following Books and Journals have been received in exchange or otherwise :

Transaction of the American Medical Association. Vol. VII. New York, Charles B. Norton, 71 Chambers-st. 1854.

Report of the Select Committee of the Senate of the United States, on the Sickness and Mortality on board Emigrant Ships. Washington. 1854.

Letters to his Excellency, Governor Manning, of South Carolina, on the Lunatic Asylum. By D. H. Trezevant, M. D. Columbia, S. C. 1854.

FOREIGN EXCHANGES.

Annales Médico-Psychologiques. Paris. October received.

Bulletin de L'Académie Impériale de Médecine. Tome XIX. Nos. 20 and 24 inclusive received.

Gazette Médicale de Paris. Nos. 33 and 44 inclusive received. Paris.

Gazette des Hospitaux. Paris. Nos. 76 and 90, and Nos. 99 and 132 inclusive received. (Nos. 91, 92, 93, 94, 95, 96, 97 and 98 not received.)

Journal de Médecine et de Chirurgie. Paris. August, September, October and November received.

Revue de Thérapeutique Médico-Chirurgicale. Paris. Semi-monthly. Nos. 16 and 21 inclusive received.

British and Foreign Medico-Chirurgical Review. October. Republished by S. S. & W. Wood, New York. 1854. Quarterly.

The London Lancet. Edited by Thomas Wakely, Surgeon. J. H. Bennett, M. D., and T. R. Wakely, Jr., M. R. C. S., Sub-Editors. Republished in New York by Stringer & Townsend. October, November and December received.

The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M. D. October. Quarterly. London.

The Asylum Journal. Published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Samuel Highly, 32 Fleet-street, London. No. 9 received. (Nos. 1, 2, 3, 4 and 8 not received.)

The Dublin Medical Press. Nos 819 and 828 inclusive received. Weekly. Dublin.

The Dublin Quarterly Journal of Medical Science. August, 1854, received.

AMERICAN EXCHANGES.

American Medical Monthly. Edited by Edward H. Parker, M. D. New-York. Monthly. October and November.

American Journal of Pharmacy; published by authority of the Philadelphia College of Pharmacy. Edited by William Proctor, Jr., Professor of Pharmacy in the Philadelphia College of Pharmacy. Bi-Monthly. November.

Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D., and Geo. S. Jones, M. D. Boston. Weekly. Nos. 9 and 19 inclusive.

Buffalo Medical Journal and Monthly Review of Medical and Surgical Science. Edited by Austin Flint, M. D., and S. B. Hunt, M. D. October, November and December. (April not received.)

Charleston Medical Journal and Review. Edited and published by D. J. Cain, M. D., and F. Peyre Porcher, M. D. Charleston, S. C. Bi-Monthly. November.

Dental News Letter. October. Philadelphia, New York and Boston.

Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. Monthly. October and November. (March, April, June, August and September not received.)

Journal of the Franklin Institute of the State of Pennsylvania, for the Promotion of the Mechanic Arts. Edited by John F. Frazer; assisted by the Committee on Publication of the Franklin Institute. Philadelphia. Monthly. August and November. (October not received.)

Memphis Medical Recorder. Published Bi-Monthly by the Memphis Medical College. Edited by A. P. Merrill, M. D., and C. T. Quintard, M. D. Memphis. November. (October not received.)

Medical News and Library. Philadelphia. Monthly. November and December. (October not received.)

New York Journal of Medicine and the Collateral Sciences. Edited by Samuel S. Purple, M. D., and Stephen Smith, M. D. Bi-monthly. November.

- New York Medical Times.** Edited by H. D. Bulkley, M. D. New York. Monthly. October, November and December.
- New Orleans Medical and Surgical Journal.** Edited by B. Dowler, M. D. Bi-monthly. November.
- New Hampshire Journal of Medicine.** Edited by Geo. H. Hubbard, M. D. Concord, N. H. October, November and December.
- Nelson's American Lancet.** Edited by Horace Nelson, M. D., and Dr. Alfred Nelson. Plattsburgh, N. Y. Oct. and Nov.
- New Jersey Medical Reporter and Transactions of the New Jersey Medical Society.** S. W. Butler, M. D., Editor, and Joseph Parish, M. D., Associate Editor. Burlington. Monthly. Oct., Nov. and Dec.
- Nashville Journal of Medicine and Surgery.** Edited by W. K. Bowling, M. D., assisted by Paul F. Eve, M. D. Monthly. Oct., Nov. and Dec.
- New York Journal of Pharmacy.** Edited by Thomas Antisell, M. D., aided by Prof. Torrey, Charles Enderlin, M. D., and Benjamin Canavan.¹ Monthly. Oct., Nov. and Dec.
- Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.** Lippincott, Grambo & Co. Philadelphia. 1854. August 2 to October 4.
- St. Louis Medical and Surgical Journal.** Edited by Drs. M. L. Linton, and W. M. McPheeters, M. D. Bi-monthly. September. (Nov. not received.)
- Southern Medical and Surgical Journal.** Edited by L. A. Dugas, M. D. Augusta, Ga. Monthly. November and December. (April, June and October not received.)
- The Medical Examiner, a Monthly Record of Medical Science.** Edited by Samuel L. Hollingsworth, M. D. Philadelphia. Monthly. Oct. November and December.
- The Stethoscope, a Monthly Journal of Medicine and the Collateral Sciences.** Published by the Medical Society of Virginia. Richmond, Va. October, November and December.
- The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery.** Edited by W. Wright, M. D., and D. C. McCallum, M. D. Montreal. Monthly. October, November and December.
- The American Journal of the Medical Sciences.** Edited by Isaac Hays, M. D. Philadelphia. Quarterly. October.
- The North-Western Medical and Surgical Journal.** Edited by N. S.

- Davis, M. D., and H. A. Johnson, A. M., M. D. Chicago. Monthly. September and October. (August not received.)
- The American Journal of Dental Science.* Edited by Chapin A. Harris, M. D., D. D. S., Alfred A. Blandy, M. D., D. D. S., and A. Snowdon Piggot, M. D. Philadelphia. Quarterly. October not received.
- The Peninsular Journal of Medicine and the Collateral Sciences.* Edited by A. B. Palmer, M. D., Professor of Materia Medica and Therapeutics, and E. Andrews, A. M., M. D., Professor of Comparative Anatomy in the University of Michigan. Ann Arbor, Michigan. October, November and December.
- The Pennsylvania Journal of Prison Discipline and Philanthropy.* Published quarterly under the direction of the "Philadelphia Society for alleviating the Miseries of Public Prisons;" instituted 1787. Philadelphia. October.
- The Southern Journal of the Medical and Physical Sciences.* Edited by Drs. J. W. King and W. P. Jones, in the Department of Practical Medicine and Surgery; R. O. Curry, M. D., in that of Chemistry and Pharmacy; B. Wood, M. D., in Dental Surgery; associate editors, F. A. Ramsay, A. M., M. D., of Knoxville, Tenn., and T. A. Atchinson, M. D., of Kentucky. Nashville, Tenn. Bi-monthly. July. (September and November not received.)
- The Western Journal of Medicine and Surgery.* Edited by Lunsford P. Yandell, M. D. Louisville, Ky. Monthly. October and November.
- The Scalpel; an entirely original Quarterly Expositor of the Laws of Health, and Abuses of Medicine and Domestic Life.* Edited by Edward H. Dixon, M. D. New York. (November not received.)
- Virginia Medical and Surgical Journal.* Edited by James B. McCaw and J. F. Peebles. Richmond, Va. Monthly. Vol. III, Nos. 5 and 6.
- Western Lancet; a Monthly Journal of Practical Medicine and Surgery.* L. M. Lawson, M. D., and T. Wood, M. D., Editors and Proprietors. Cincinnati. October. (May, August and November not received.)
- Worcester Journal of Medicine.* Edited by Frank H. Kelly, M. D. Monthly. Worcester, Mass. October and November.